

Derbyshire Area SEND Survey – Data report

Results and analysis, including trends
across three survey windows



**DERBYSHIRE
PARENT CARER
VOICE**

January 2026

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DPCV Derbyshire County Area SEND Survey January 2026



Introduction

Derbyshire Parent Carer Voice (DPCV) invites its members annually to complete a survey; most parent carer forums do this. The survey asks parent carers of children and young people (aged 0–25), who would be identified as having special educational needs and disabilities (SEND) to report on their experiences.

This report is published 13 months after the Ofsted Area SEND inspection and will inform volunteer representation and contribute to the Joint Strategic Needs Assessment data for Derbyshire. Elements of the survey will be shared in specific work groups happening as part of the SEND Improvement Plan.

Who are DPCV and what do they do with the survey?

What's a Parent Carer Forum?

The Children and Families Act 2014 expressed the importance of families and services working together, setting a legal foundation for the role of forums. The role of forum's was expanded in the SEND code of Practice. Grown from local parent carer groups, DPCV was first established in 2009 and is run by volunteers, all who have lived experience of SEND services in Derbyshire. The current volunteers started in March 2024, learning as we go.

It's important to reflect on the fact that DPCV *is part of the 'SEND system'* and our volunteers experience those services in Derbyshire, just like all other parent carers.

DPCV's charitable constitution says we cannot function as a campaigning group. So, with that in mind, we think that the only way we can represent our members is to re-build relationships, irrespective of how the 'system' has fallen short of meeting many of our own personal circumstances.

So, we work hard to have a powerful voice for our members. For our own wellbeing it's vital that we are authentic and independent so that we can critically challenge service commissioners and providers on behalf of our members.

Our Vision is that through inclusive engagement, co-production, and collaboration with families and professionals, we aim to contribute to measurable improvements in local

services. This is so that every child and young person 'with SEND' can reach their full potential, and for parent carers to be valued, heard, and fully supported every step of the way.

*DPCV has a co-ordinator who is employed by Derbyshire District Council but works independent to the council. The council provides the co-ordinator with the necessary structures to earn a livelihood while offering protections and opportunities for career development, through a formal employment process.

How this report is laid out...

- Headlines from the 2026 survey
 - Who completed the survey
 - Analysis
- Comparison with past survey results
 - Analysis
- Actions and recommendations
- 2026 Full Survey Results (excluding free text responses)
 - Analysis from open text answers

Headlines 2026 Survey

Who completed the survey?

- 214 responses from DPCV parent carer members across all districts of Derbyshire,
- The majority of respondents had one or more children/young people (CYP) in their household with one of those CYP being identified as 'with SEND
- 56% of respondents CYP, were of secondary school age, 34% were primary aged children.
- 78% of CYP considered by parent carers in this survey attend mainstream settings.
- 25% of CYP considered by parent carers in this survey received SEN support.
- 49% of CYP considered by parent carers in this survey had an EHCP

Summary of analysis

- The survey provides significant insight into families' journeys through the SEND system in Derbyshire, highlighting hopeful examples of support as well as deep, persistent challenges.
- While many schools offer strong, empathetic provision and individual professionals were praised across sectors, families also describe serious and widespread systemic issues: long waiting times, limited access to specialist support, poor communication, inconsistent practice, missed statutory deadlines, and a lack of coordination across services.
- The findings in this report reflect not isolated incidents but recurring patterns experienced by parent carers in every district of Derbyshire.
- They reveal the impact these system pressures have on children's wellbeing, educational progress, and mental health, as well as on the physical and emotional health of their families.
- This report therefore provides feedback to the Education, Health and Social Care commissioners and providers to guide improvement planning, inform joint commissioning, and support accountability across Derbyshire's SEND partnership.
- Above all, it amplifies the voices of families who want a system that listens, responds, and works together to meet the needs of their children.

Comparison across surveys

In 2024-5 DPCV ran the survey twice to provide important evidence in readiness for an imminent Ofsted Area SEND Inspection which took place in September 2024.

These surveys helped the volunteers to tell the story of its members to the inspectors. This 2026 survey results build on this evidence, as we are now 17 months since the first inspection.

This survey tells us that whilst positive changes are starting to happen for some, for most parent carers, children and young people, these changes are still not known about or felt yet. This view has also been shared by the Department of Education monitoring team, detailed in their stock take reports, which can be found in the local offer pages [here](#).

This is the third time that the survey has run during the tenure of the current trustees. Previous surveys can be found here [here](#) and [here](#). As we have three surveys to draw from (and we are all busy parent carers and volunteers), we have also used secure version of 'co-pilot' in an ethical way, as an assistive technology tool to support our analysis of trends, (Alhur, 2024, da Veiga, 2025, Gulumbe et al., 2025). All data analysis has been sense-checked by at least two members of DPCV, prior to publication, adhering to the GDPR and data protection policies of the charity.

Survey Results, number of completed surveys

- Jan 2025 (n=800)
- Sept 2025 (n=434)
- Jan 2026 (n=241)

Although the three surveys were carried out with different sample sizes and at different times of the year, the *survey questions themselves remained almost entirely consistent*.

The only structural differences were

(1) the merging of Q6/Q6a in 2026, and (2) the addition of two early-years school categories to Q9 in 2026.

Annual references (e.g., "since September 2025") naturally update each year. Because the core question wording is stable across the three surveys, cross-survey comparisons are valid and meaningful.

Summary Comparing Surveys

- Across all three surveys, the experiences shared by parent carers demonstrate a SEND system under increasing pressure.

Derbyshire Parent Carer Voice

- While schools and individual staff members continue to be viewed positively, particularly in their day-to-day support for children and young people, wider system challenges have become more pronounced over time.
- Between January 2025 and January 2026, parent carer confidence in key statutory processes – especially around EHCP timeliness, communication, and placement suitability – has declined.
- Health service access remains a significant and persistent concern, with long waits across multiple pathways.
- Social care visibility and thresholds continue to present barriers,
- and awareness of the Local Offer has fallen to below the January 2025 baseline.

However, the data also shows areas of strength:

- committed school staff, examples of effective provision, and small pockets of positive collaborative practice.
- These foundations provide opportunities for improvement.
- Strengthening communication, addressing delays, increasing placement sufficiency, and improving access to reliable information represent clear priorities.

Specific Trends

- **Local Offer awareness** rose into Sept 2025, then fell by Jan 2026, ending below the January 2025 baseline.
- **EHCP process satisfaction** declined overall by Jan 2026 (higher dissatisfaction than either 2025 survey point).
- **School experience** reports were variable: Sept 2025 was the peak for “feels welcomed”; Jan 2026 dipped modestly; the Jan 2025 result on this question suggests a pronounced negative decline (see footnote/caution).
- **Health access** issues (e.g., CAMHS waits, lengthy pathways) were persistent across all surveys, with stronger negative open comment reports by 2026.
- **Social care** visibility and thresholds remain problematic in all surveys, with 2026 comments indicating escalation (more families unaware or unable to access teams).

Key comparable indicators

Indicator	Jan 2025	Sept 2025	Jan 2026
Heard of the Local Offer (% Yes)	44.1	51.5	39.4
Unable to find what they needed on the Local Offer (among users)	46.2% unable to find what they needed	24.1% couldn't find what they needed	24.1% couldn't find what they needed
EHCP process satisfaction	44.1%	39.0%	47.8%
Child feels welcomed at school (% Yes*)	17.5% *	72.5%	67.3%
Setting has put support in place to help progress (% Yes)	63.1% related but not identical to "helping progress"	62.2% (worded "school support helping progress")	59.1% (same wording as Sept 2025)
Overall opinion of Area SEND services (%)	46.6%	n/a in document	Declined vs 2025 (qualitative from open text comments)

Thematic comparison across the three surveys

Education

- **Strengths sustained:** Many families continue to credit SENCOs, classroom staff and specific individuals with making the difference (all surveys).
- **Pressure points:** More reports by 2026 of children on reduced timetables/out of school entirely; transitions remain uneven.
- **Satisfaction with settings (Jan 2025):** 58.3% satisfied/very satisfied; however, open text comments highlight variability and a reliance on parents to drive support including EHCP's.
- **Trend:** Dissatisfaction increases again by Jan 2026 after some improvement in September 2025. Families cite missed statutory deadlines, Idox hub issues, and communication gaps

- **Jan 2025 detail:** 49.4% dissatisfied with SEND Team communication around EHCPs; open text comments emphasize delays and unclear processes.

Health

- **Persistent issue across all surveys: Long waits** (CAMHS, ASD/ADHD assessment, OT, SALT, paediatrics). In Jan 2025, “too long to get services” is the top “not gone well” theme; by 2026 narratives indicate further strain
- **Mixed experiences:** Some services (e.g., SALT, paediatrics) appear in both “worked well” and “not gone well” lists, suggesting inconsistency by provider/team

Social Care

- **Visibility & thresholds:** In Jan 2025, 65–85% of respondents had not heard of or not used the listed social care teams, with open text comments reporting high thresholds and access difficulties. The high threshold theme is reported again in 2026, together with a lack of knowledge about the team’s existence, suggesting a deterioration in awareness/engagement.

Information & Local Offer

- **Awareness:** 44.1% (Jan 2025) → 51.5% (Sept 2025) → 39.4% (Jan 2026). Awareness lost ground by 2026.
- **Usability:** Jan 2025 users reported 46.2% couldn’t find what they needed; in the later summary, 24.1% is cited for 2025 and again in 2026 (but with more negative navigation comments). This discrepancy likely reflects different bases or coding; either way, perceived usability remains a barrier.

What’s improved, deteriorated or remained stable

Improved (or remained constant)

- **School based support** the role of exceptional individuals reported in certain school settings remains the most consistent elements across all three surveys.
- **EHCP process** (timeliness, communication, Idox hub issues) with higher dissatisfaction by Jan 2026 than at either 2025 survey point.
- **Local Offer awareness** dropped below Jan 2025 levels by Jan 2026.
- **Access to appropriate education** (more children out of school or without suitable placements by 2026). Persistent pressures reported.
- **Health waits** and social care thresholds/visibility are chronic issues across all three surveys.

January 2026 Full Results

Below are the full results of the Jan 2026 survey. Open text comments are not included in this full report.

1. Do you live in the county of Derbyshire?

Answered: 240 Skipped: 1

- Yes: 97.92% (235)
- No: 2.08% (5)

Q2. Which Derbyshire district do you currently live in?

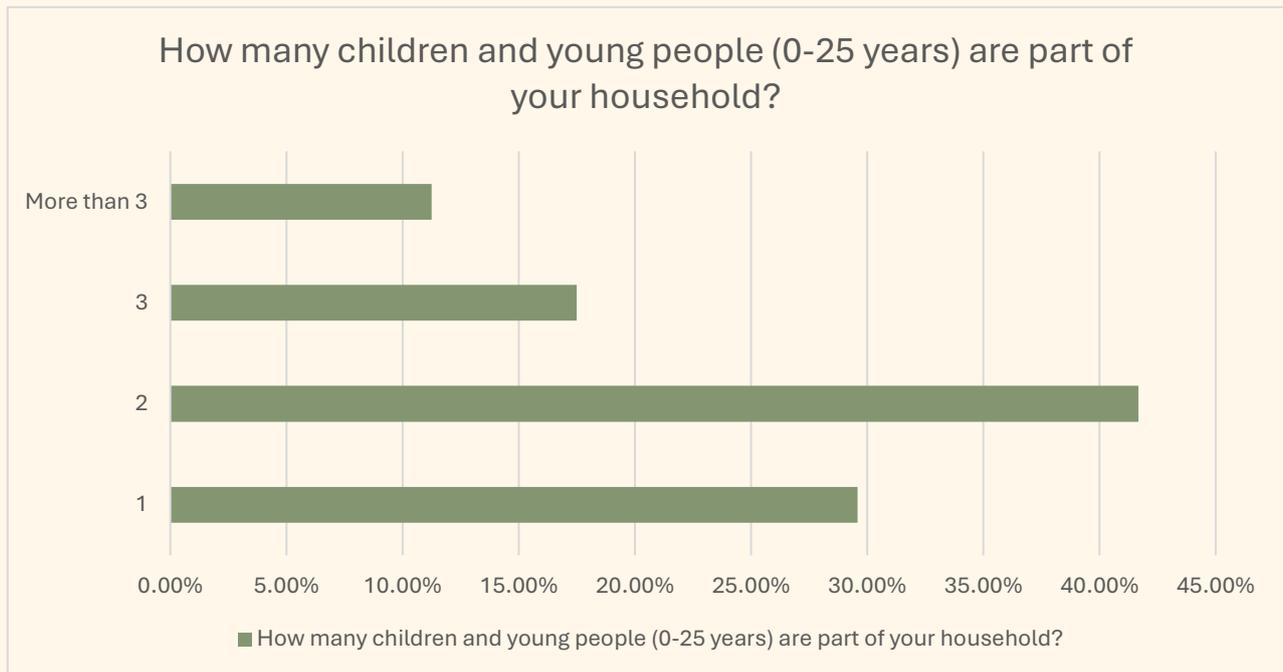
Answered: 239 Skipped: 2

- Amber Valley: 28.87% (69)
- Bolsover: 16.32% (39)
- Chesterfield: 9.21% (22)
- Derbyshire Dales: 2.93% (7)
- Erewash: 6.69% (16)
- High Peak: 15.06% (36)
- Northeast Derbyshire: 10.04% (24)
- South Derbyshire: 8.37% (20)
- Other (please specify): 2.51 (6)

Q3: How many children and young people (0-25 years) are part of your household?

Answered: 240 Skipped: 1

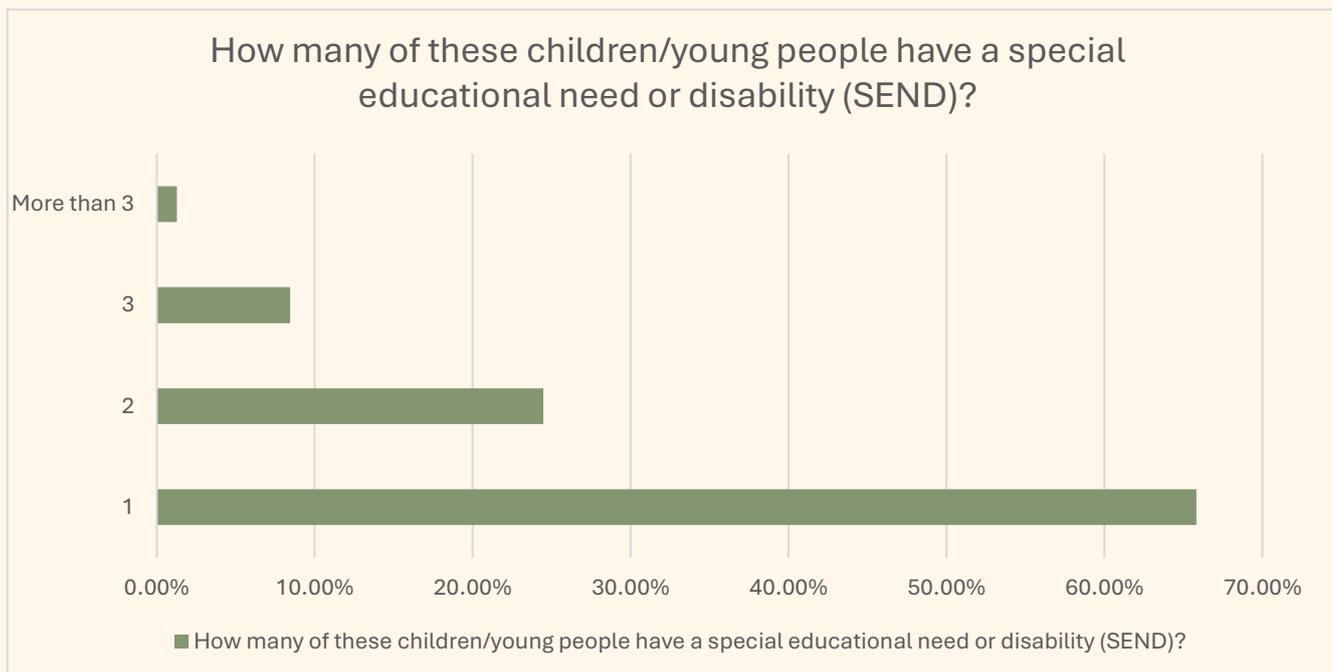
- 1: 29.58% (71)
- 2: 41.67% (100)
- 3: 17.50% (42)
- More than 3: 11.25% (27)



Q4: How many of these children/young people have a special educational need or disability (SEND)?

Answered: 237 Skipped: 4

- 1: 65.82% (156)
- 2: 24.47% (58)
- 3: 8.44% (20)
- More than 3: 1.27% (3)



Q5: Are you completing our Area SEND Survey 2023 - 2025...?

Answered: 239 Skipped: 2

- For the first time: 95.82% (229)
- For the second/third time, about another child: 4.18% (10)

Q6: Is the child/young person you are completing the survey?

Answered: 238 Skipped: 3

- Nursery School Age: 2.10% (5)
- Primary School Age: 33.61% (80)
- Secondary School Age: 56.30% (134)
- 6th Form/College: 7.98% (19)

Q7: What does your child or young person need support with? Please tick all that apply.

Answered: 239 Skipped: 2

- Learning: 62.34% (149)
- Hearing: 5.44% (13)
- Sight: 1.67% (4)
- Speech, language and communication: 36.82% (88)
- Managing their medical condition: 13.39% (32)
- Social communication including autism spectrum disorder (ASD): 74.06% (177)
- Following instructions: 58.58% (140)
- Completing tasks including homework: 56.07% (134)
- Attending nursery, school or college: 23.43% (56)
- Behaviour: 42.68% (102)
- Emotional health and wellbeing: 77.41% (185)
- Making Friends: 46.86% (112)
- Other (Please specify): 8.37% (20)

Headline Summary – Responses from the “Other” category

The most common themes are ADHD/attention regulation, anxiety and mental health, and learning difficulties, followed closely by sensory needs, social behaviour, and physical or developmental needs. There are also a few specific conditions and one-off needs that highlight the wide variety of challenges families are facing.

Q8: If you are waiting for a diagnostic assessment of your child/young person's needs, how long have you been waiting for:

Answered: 227 Skipped: 14

- Not applicable: 69.16% (157)
- Less than 3 months: 0.88% (2)
- 3-6 months: 1.76% (4)
- More than 6 months: 2.20% (5)
- More than 1 year: 9.69% (22)
- More than 2 years: 7.93% (18)
- More than 3 years: 8.37% (19)

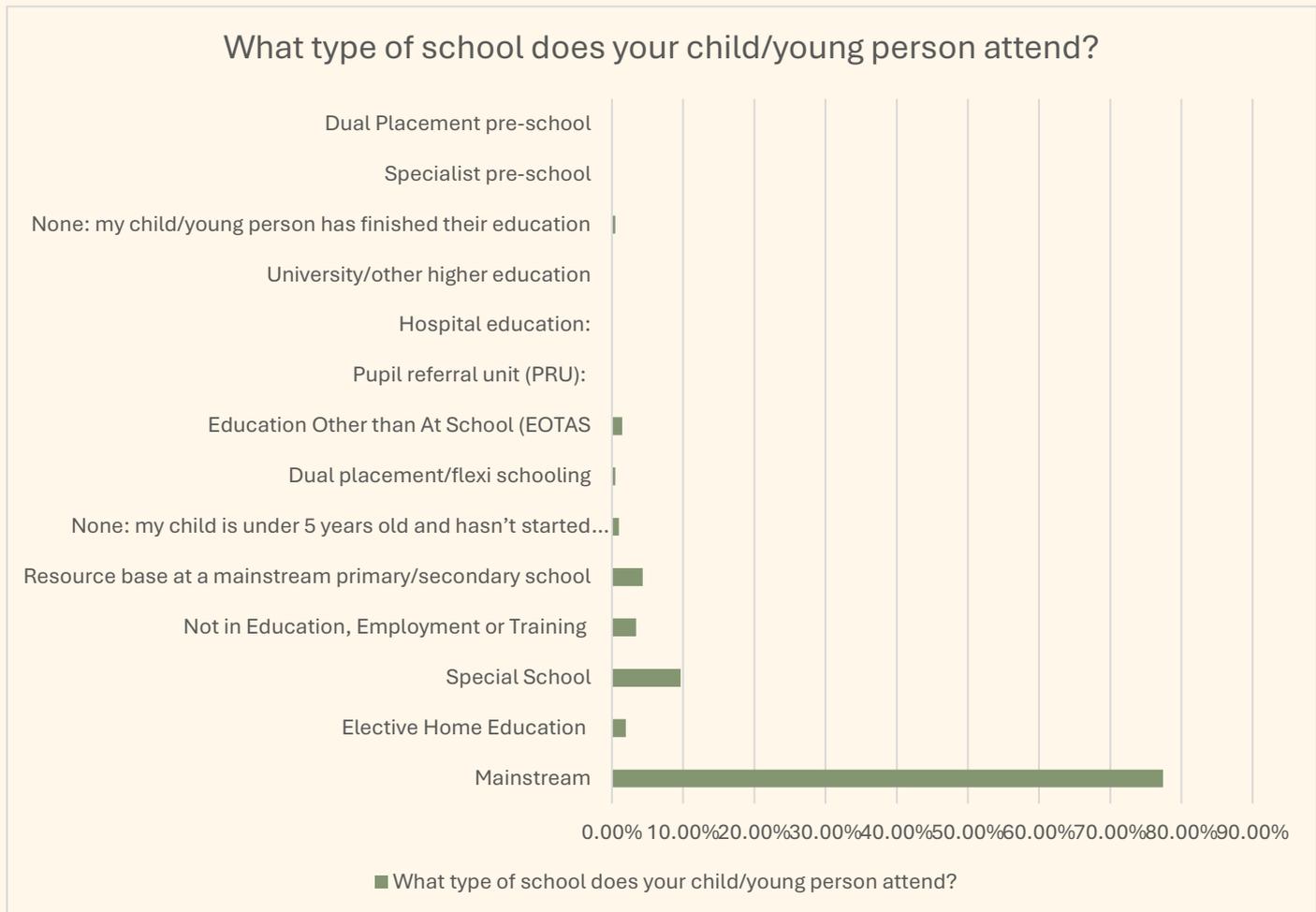
Q9: What type of school does your child/young person attend?

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Answered: 208

Skipped: 33

- Mainstream: 77.40% (161)
- Elective Home Education (EHE): 1.92% (4)
- Special School: 9.62% (20)
- Not in Education, Employment or Training (NEET): 3.37% (7)
- Resource base at a mainstream primary/secondary school: 4.33% (9)
- None: my child is under 5 years old and hasn't started school, pre-school, or nursery: 0.96% (2)
- Dual placement/flexi schooling: 0.48% (1)
- Education Other than At School (EOTAS): 1.44% (3)
- Pupil referral unit (PRU): 0% (0)
- Hospital education: 0% (0)
- University/other higher education: 0% (0)
- None: my child/young person has finished their education: 0.48% (1)
- Specialist pre-school: 0% (0)
- Dual Placement pre-school: 0% (0)

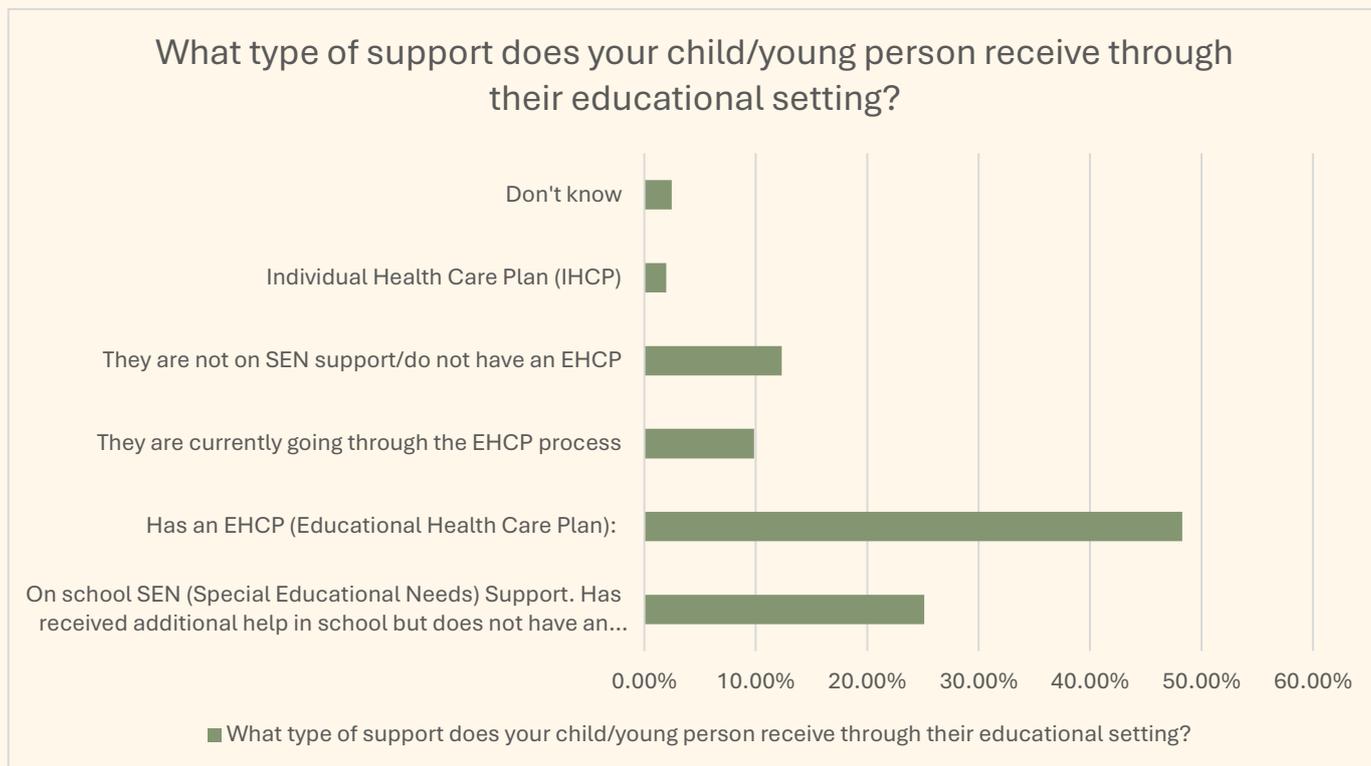


Q10: What type of support does your child/young person receive through their educational setting?

Answered: 203

Skipped: 38

- On school SEN (Special Educational Needs) Support. Has received additional help in school but does not have an EHCP: 25.12% (51)
- Has an EHCP (Educational Health Care Plan): 48.28% (98)
- They are currently going through the EHCP process: 9.85% (20)
- They are not on SEN support/do not have an EHCP: 12.32% (25)
- Individual Health Care Plan (IHCP): 1.97% (4)
- Don't know: 2.46% (5)

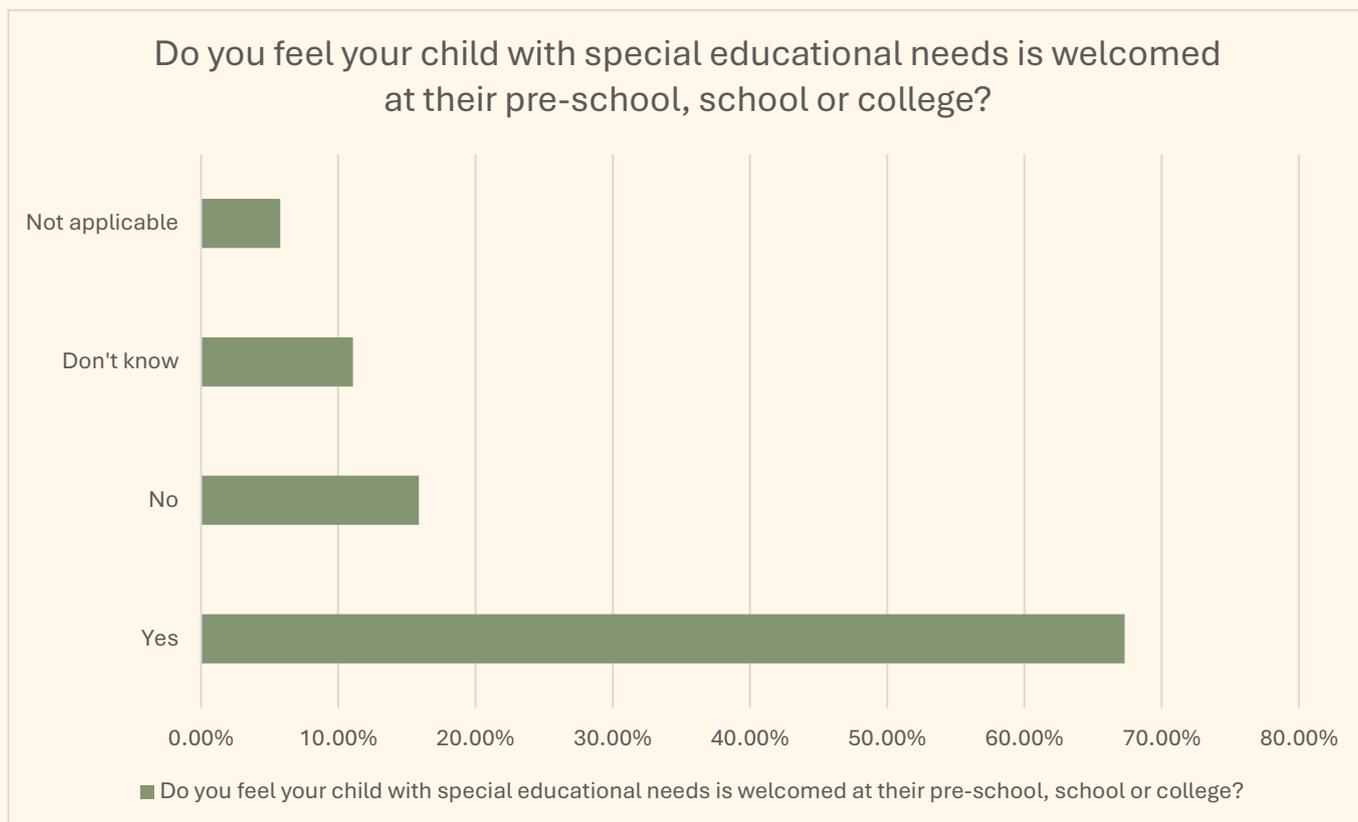


Q11: Do you feel your child with special educational needs is welcomed at their pre-school, school or college?

Answered: 208

Skipped: 33

- Yes: 67.31% (140)
- No: 15.87% (33)
- Don't know: 11.06% (23)
- Not applicable: 5.77% (12)



Q12: Did you know what to do in order to get extra support for your child/young person?

Answered: 207 Skipped: 34

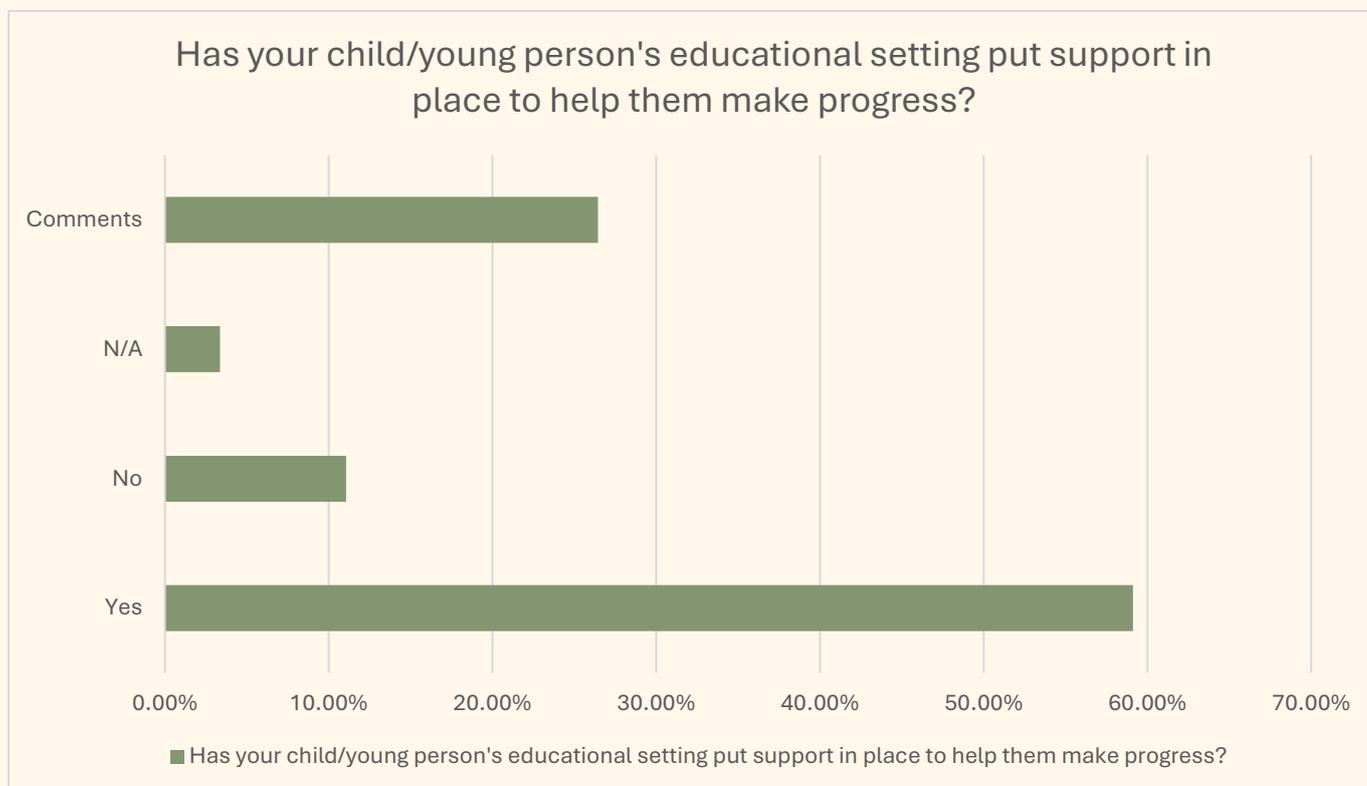
- I knew exactly what to do: 18.36% (38)
- I had quite a few ideas: 19.32% (40)
- I had a vague idea/I had some ideas: 33.33% (69)
- I had no idea what to do: 28.99% (60)

Q13: Has your child/young person's educational setting put support in place to help them make progress?

Answered: 208 Skipped: 33

- Yes: 59.13% (123)
- No: 11.06% (23)

- N/A: 3.37% (7)
- Please let us know any comments: 26.44% (55)



Main themes and finding Q13

1. Some support but insufficient (21.8%)

The most common theme was that support exists but is not enough to meet the child's needs. Parents often described partial or inconsistent help, with gaps in communication and resources.

Example quotes:

- “Nothing in infant school, did not pick up on the signs, did not listen to parents until junior school... No paid support plan in place having to fund extra help myself which is financially very challenging.”
- “Yes, but not enough and the issues are with the local authority not listening to parents and the schools.”

2. Issues with EHCP or SEN process (20.0%)

Many parents highlighted problems with Education, Health and Care Plans (EHCPs) or SEND processes, including delays, refusals, and poor communication from SENCOs.

Example quotes:

- “Yes, but the previous SEND coordinator was terrible, did not help, provide updates or communicate at all.”
- “He’s entitled to an EHCP, and our school refused to do one saying it wouldn’t get approved.”

3. No or minimal support (12.7%)

Several parents reported little to no support or described the help as inadequate and slow to arrive.

Example quotes:

- “Took ages simply not good enough.”
- “Minimal support is in place... Finding it extremely difficult to get the extra help needed as no one is forthcoming with the information.”

4. Ongoing or unclear (12.7%)

A notable proportion of parents were unsure about what support was in place or said the process was still ongoing.

Example quotes:

- “Not sure. He had an EHCP at primary school. Not sure about his secondary school.”
- “No idea.”

5. Placement issues (10.9%)

Some families reported that no suitable educational setting could meet their child’s needs, leaving them in limbo or requiring home education.

Example quotes:

- “The Council have failed to provide a placement.”
- “In limbo no education setting can meet needs.”

6. Positive support (9.1%)

A smaller group of parents shared positive experiences where schools provided strong support and resources.

Example quotes:

- “Secondary school is very helpful.”
- “x school have been excellent from Year 7 to Year 11. Mrs x and her staff have gone above and beyond!”

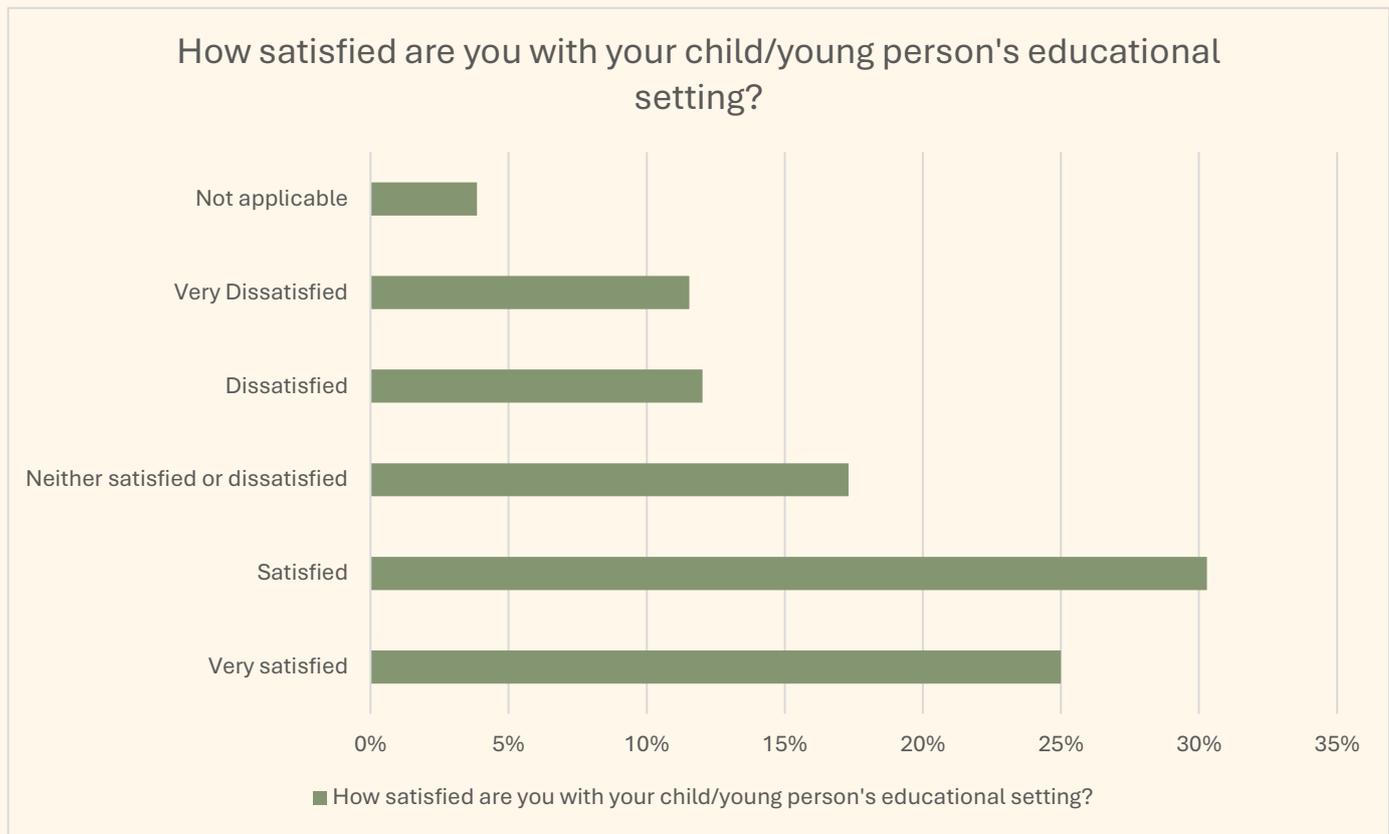
Q14: How satisfied are you with your child/young person's educational setting?

Answered: 208

Skipped: 33

- Very satisfied: 25.00% (52)
- Satisfied: 30.29% (63)
- Neither satisfied nor dissatisfied: 17.31% (36)
- Dissatisfied: 12.02% (25)
- Very Dissatisfied: 11.54% (24)

- Not applicable: 3.85% (8)



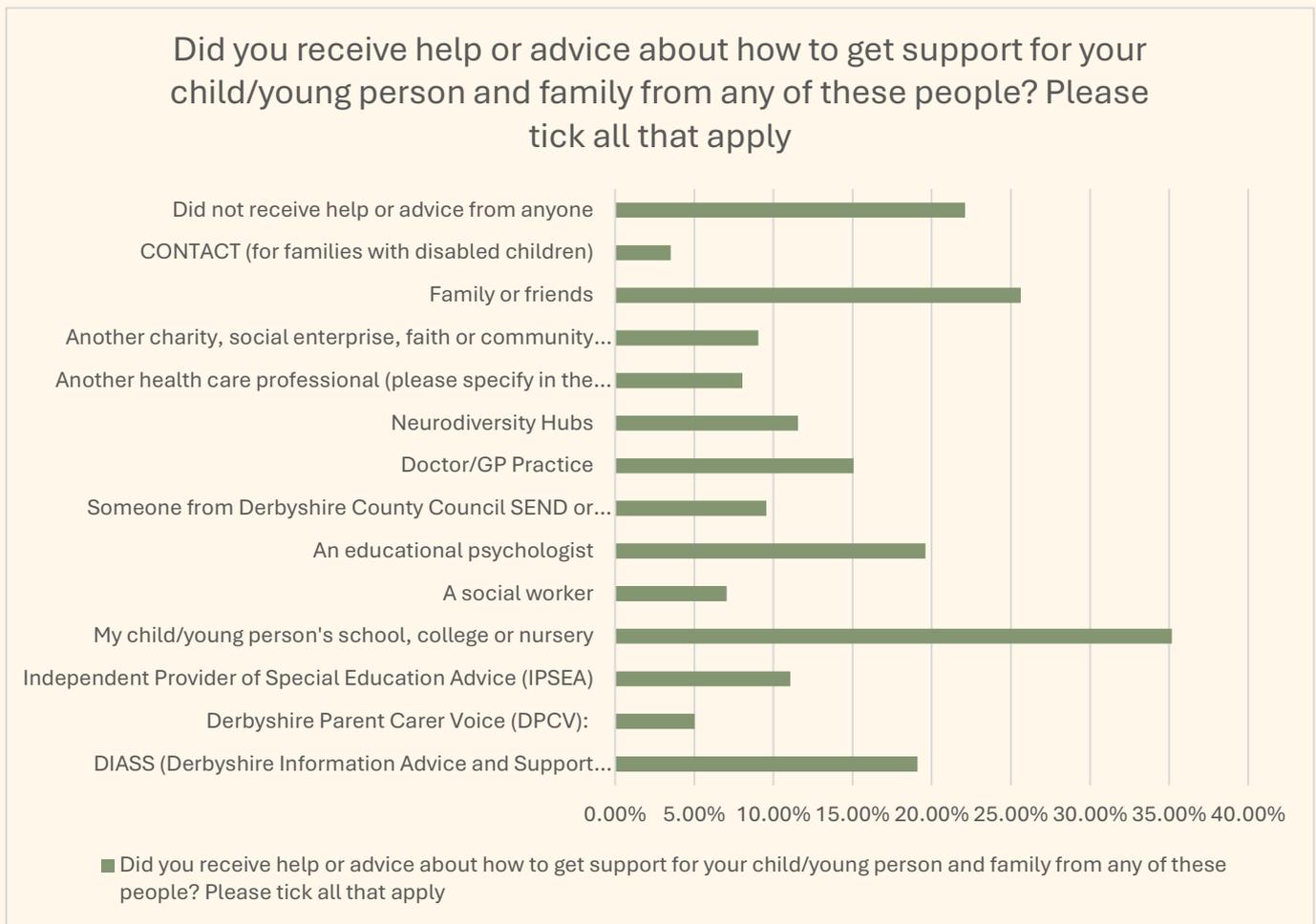
Q15 Did you receive help or advice about how to get support for your child/young person and family from any of these people? Please tick all that apply

Answered: 199 Skipped: 42

- DIASS (Derbyshire Information Advice and Support Services): 19.10% (38)
- Derbyshire Parent Carer Voice (DPCV): 5.03 (10)
- Independent Provider of Special Education Advice (IPSEA): 11.06% (22)
- My child/young person's school, college or nursery: 35.18% (70)
- A social worker: 7.04% (14)
- An educational psychologist: 19.60% (39)
- Someone from Derbyshire County Council SEND or another team: 9.55% (19)
- Doctor/GP Practice: 15.07% (30)
- A pediatrician: 22.11% (44)
- Neurodiversity Hubs: 11.56% (23)
- Another health care professional (please specify in the box below): 8.04% (16)

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- Another charity, social enterprise, faith or community interest group (please specify in the box below): 9.05% (18)
- Family or friends: 25.63% (51)
- CONTACT (for families with disabled children): 3.52% (7)
- Did not receive help or advice from anyone: 22.11% (44)



Main Themes and Findings Q15

1. Health professionals & services (50.0%)

Half of the comments referenced health professionals as sources of advice or support — most often Occupational Therapy/OT, SALT, and CAMHS. Experiences were mixed: some found these services valuable, others reported limited or unhelpful input.

Example quotes:

- “Independent OT Independent SALT.”
- “Occupational Therapist wrote a detailed report with advice for home and separate advice for school.”
- “Portage team – such an incredible service!”
- “GP unhelpful for both children... early help withdrawn...”

2. Advocacy & charity organisations (32.7%)

About a third cited charities, advocacy services, or community groups (e.g., Sunshine Support, IPSEA, SOSSEN, National Autistic Society, local SENDIASS/DIASS, Neurohub, Fairplay, Children First). Parents often relied on these for practical guidance, though responsiveness and quality varied.

Example quotes:

- “Sunshine Support Advocacy Service.”
- “IPSEA.” / “SOSSEN.”
- “National Autistic Society and Nottingham Information Advice and Support Services.”
- “Contacted DIASS several times... took weeks to respond...”

3. Self sourced / peer & social media (17.3%)

A notable minority described doing it themselves — learning from other parents, forums, and social media, and piecing together support routes.

Example quotes:

- “All off my own back and my own research.”
- “Had to search most things myself, usually found on social media.”
- “I got most of my help from local SEN parents... I now do the same for new SEN parents.”

4. School based support (15.4%)

Some families pointed to schools as helpful first points of advice (e.g., SENCO, nursery). Others contrasted helpful support in one setting with none in another.

Example quotes:

- “I always got advice and support from the SENCO at his primary school.”
- “The only support to put things in place was from the nursery setting.”
- “...X school helped [enormously] once he left X School who failed him.”

5. No help / unhelpful (17.3%)

Almost one in five comments reported no advice or described services as unhelpful/ineffective.

Example quotes:

- “We have had no help at all.”
- “...social workers, social care OT... NO HELP.”
- “Advice and support are almost non-existent for SEN parents...”

6. Access barriers / eligibility / timing (3.8%)

A smaller share described barriers such as age restricted services, sessions held at midday (clashing with work) or being deemed too ‘mainstream’ to qualify.

Example quotes:

- “Neurohub only offered sessions for younger kids... We work full time so couldn’t access.”
- “Fairplay couldn’t help as he’s too ‘mainstream’.”

7. Private/paid support & costs (5.8%)

A minority reported self funding private diagnoses/advocacy or medication due to waiting times.

Example quotes:

- “Paid for a private diagnosis... paid for meds for one year... at the cost of around £6,000 to us.”
- “Sunshine Support paid advocacy...”

Summary

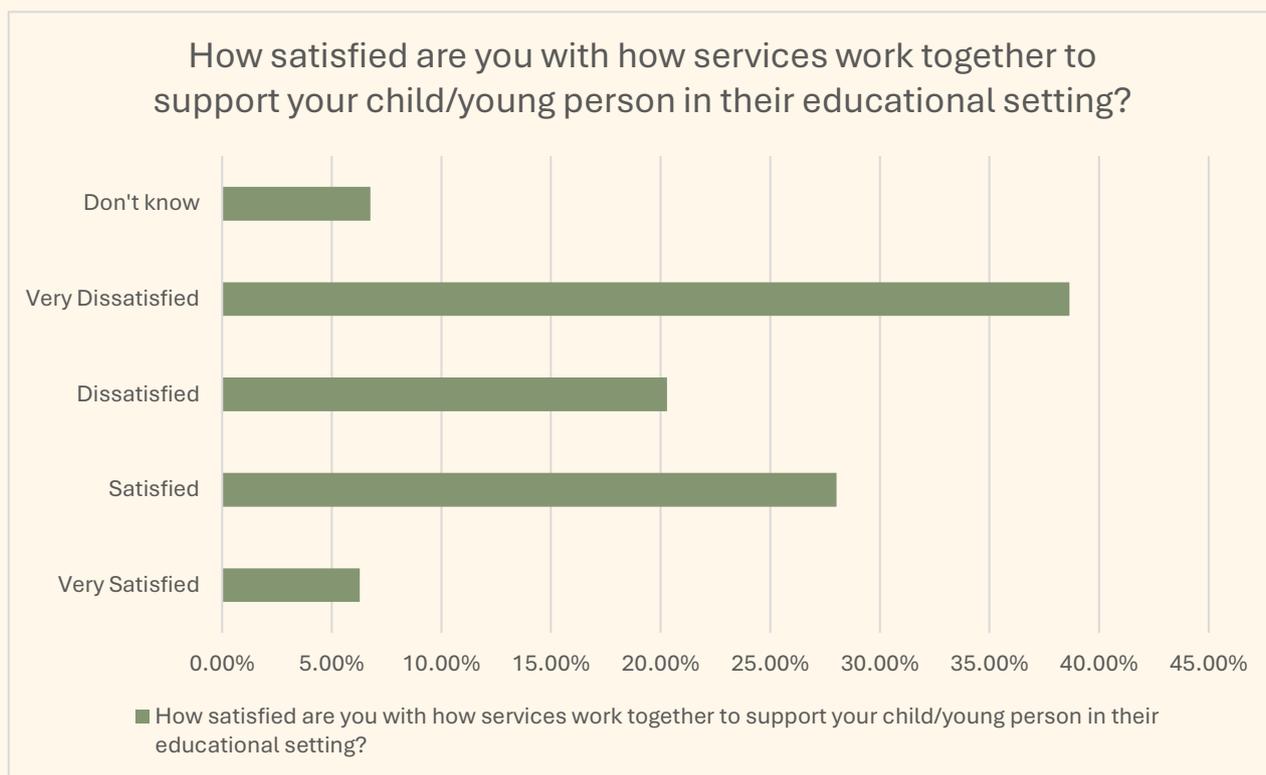
Parents most commonly turned to health professionals (especially OT/SALT/CAMHS) and charity/advocacy organisations for guidance, but consistency and responsiveness varied a lot between services. A meaningful group relied on peer networks and their own research, highlighting gaps in clear, accessible advice. Schools (notably SENCOs and nurseries) sometimes provided helpful signposting; however, a similar share reported no meaningful help, and a few described barriers (eligibility, timing) that made support hard to access. Some families' self funded support to bridge delays.

These patterns suggest parent carers often need to self navigate a complex system, with variable help from statutory and third sector services. Where support works, it is often specific, timely, and practical; where it fails, parents report delays, poor communication, or ineligibility.

Q16: How satisfied are you with how services work together to support your child/young person in their educational setting?

Answered: 207 Skipped: 34

- Very satisfied: 6.28% (13)
- Satisfied: 28.02% (58)
- Dissatisfied: 20.29% (42)
- Very Dissatisfied: 38.65% (80)
- Don't know: 6.76% (14)



Q17: How does your child/young person travel to their education setting?

Answered: 202

Skipped: 39

- Walks with parent carer or another adult: 12.38% (25)
- Walks alone or with school friends: 11.88% (24)
- Cycles or scoots with parent carer or another adult: 0.99% (2)
- Cycles or scoots alone or with school friends: 0.00% (0)
- Uses public transport with parent carer or another adult: 0.00% (0)
- Uses public transport alone or with school friends: 6.44% (13)
- Uses a school bus (taxi, minibus or coach) available to all eligible children provided by the Local Authority: 4.95% (10)
- Travels in a private car with a personal transport budget/mileage payment provided: 2.48% (5)
- Travels in a private car with no financial support, e.g. driven to school by parents: 41.09% (83)
- Travels to school in a DCC funded taxi: 3.47% (7)
- Travels to school in a DCC funded taxi with an escort: 1.98% (4)
- Not applicable - not currently attending an educational setting: 8.91% (11)
- Other (please specify): 5.45% (11)

Main Themes and Findings Q17

1. Driven by Parent with Additional Support Needs (36.4%)

Four comments describe parents driving their child and providing extra support before or during school attendance, often due to anxiety, mobility, or the need for accompaniment.

Example quotes:

- “Have to drive to school and support with anxiety and movement before going in and then take into the school yard.”
- “I take him to school every morning.”
- “I take him to school and home by myself.”
- “I drive him to any groups we attend and attend alongside him.”

2. Combination of Transport Modes (18.2%)

Two comments mention mixed arrangements, such as alternating between school bus and private car or splitting journeys between guardians and buses.

Example quote

- “Usually, the school bus but currently private car with parent for 2 hours a day in school with me.”
- “Between school bus and driven.”
- “Travels some of the way with his guardian then gets school bus to his school.”

3. DCC-Funded Taxi with Escort Issues (9.1%)

One comment highlights concerns about safety and appropriateness of escort provision in DCC-funded taxis.

Example quotes:

- “DCC funded taxi with an escort, but the escort is for 3 higher needs children in the taxi. Currently parents are arguing that 1:3 is unsafe for these kids and that another taxi and escort is needed. But DCC do not give a flying flip!”

4. Specialist Mobility Support (9.1%)

One response mentions the use of a disability pushchair for travel.

Example quote:

- “Travels in disability pushchair with parent.”

5. Transport for College (9.1%)

One comment refers to college-funded transport.

Example quote:

- “Travels to college with funding paid by college.”

6. Frustration with SEN Transport (9.1%)

One comment expresses dissatisfaction with SEN transport arrangements.

Example quote:

- “Still arguing, SEN transport crap.”

Summary

The “Other” responses reveal that while most families rely on private cars, many journeys involve additional complexity such as managing anxiety, mobility needs, or accompanying the child into school. A smaller proportion use mixed transport modes or specialist arrangements (e.g., disability pushchair, college-funded travel). Concerns about escort ratios in DCC-funded taxis and ongoing disputes over SEN transport highlight gaps in safety and appropriateness of provision.

Q18: Please let us have any comments about Home to School transport provided by Derbyshire County Council

Answered: 42

Skipped:199

Main Themes and Findings

1. Eligibility / EHCP / policy barriers – 32.5%.

Parents frequently reported being deemed ineligible, especially post 16 and where the EHCP or school naming was not finalised. Some felt policy was applied inconsistently or rigidly (e.g., distance rules, “nearest provision” expectations).

Example quotes:

- “As he is post 16, I was told he was not eligible for taxi... Only with support... on appeal.”

- “No good for post 16 because parents have to pay the first £400.”
- “...funding is not available... because I didn’t want him to go to the nearest enhanced resource provision.”

2. Safety & safeguarding – 22.5%.

Concerns centred on overcrowding, bullying, road safety awareness, and the suitability of the escort ratios. Some felt transport arrangements did not adequately manage risk for children with SEND profiles.

Example quotes:

- “The bus is overcrowded... my child finds [the noise] difficult.”
- “...the school bus is not accessible for her due to behaviour, overcrowding and bullying on board.”
- “My son got refused a bus pass... he doesn’t have the road safety knowledge to walk home.”

3. Reliability & punctuality – 17.5%.

Families described late pickups/drop-offs, unreliable services, and variable timings that disrupted routines and work.

Example quotes:

- “Very hit and miss if you get a good taxi and escort or not.”
- “Is very unreliable, very often not on time... school [is] not informed by the company.”
- “Pick up and drop off times can be variable.”

4. Positive experiences – 17.5%.

A meaningful minority expressed satisfaction with transport when it worked well, highlighting helpful drivers/escorts and the value of the service for family life and employment.

Example quotes:

- “Transport is fine. She gets the school bus with siblings and hasn’t had issues.”

- “It is an invaluable service—I wouldn’t be able to get to work if I had to get my daughter to college myself.”
- “The driver is polite and kind... mostly they’ve been super reliable.”

5. Quality of providers & driver training – 15.0%.

Comments pointed to rapid provider changes, perceived cost driven contracting, and limited driver training/English proficiency, which families felt affected safety and confidence.

Example quotes:

- “Last minute changes... 4 different providers in half a year... driver spoke no English.”
- “Concerns that the LA just pick the cheapest company... [driver training] a very small, short course... not sufficient.”

6. Capacity / service changes – 15.0%.

Parents noticed contracting changes and route merges that felt financially motivated, with consequential adverse effects (e.g., noisy/overcrowded buses).

Example quotes:

- “All local firms not given contracts... firms from Sheffield and Birmingham.”
- “They’ve merged all the children... It’s extremely noisy... looks like money’s been saved.”

7. Communication & notice – 12.5%.

Families reported minimal notice of changes, poor responsiveness, and difficulty getting complaints procedures or direct contacts.

Example quotes:

- “Changes... weeks before term, minimal communication... no time to prepare the child.”
- “Emails... asking for their complaints procedure have all been ignored.”
- “No contact phone number... Don’t reply to emails, completely ignore you.”

8. Needs unmet / bus not suitable – 12.5%.

Even when theoretically eligible, some children couldn’t cope with buses/taxis due to

anxiety, behaviour, or the need for parental support getting into school.

Example quotes:

- “My child cannot cope with the school bus, and we have no choice but to take her.”
- “...wouldn't be able to go in a taxi as they need parental support to go into school.”

9. Financial burden / costs – 7.5%.

A smaller but notable group described out-of-pocket costs (daily fares, deposits, or reimbursed later), adding stress to already complex logistics.

Example quotes:

- “Was not happy that I had to pay £30 per day... not refunded £460.”
- “Post 19... we would provide it and be reimbursed (eventually).”

10. Lack of information / awareness – 7.5%.

Some parents were unaware of entitlements or how to apply, especially for post 16 arrangements.

Example quotes:

- “I didn't know this was a thing.”
- “I don't know how to do this nor believe it will be an easy process to acquire.”

Summary

Overall, indicating a negative sentiment trend: the most common issues are eligibility barriers (particularly post 16/EHCP dependencies), safety/safeguarding concerns, and service reliability. When transport works, families value it highly—especially for employment and routine—but contracting changes, communications, and provider consistency are recurring pain points. A subset of children cannot use buses or taxis even when eligible, because the format (crowding, transitions, anxiety) is unsuitable, leaving parents to drive and absorb costs.

Q19: If transport is provided/funded by Derbyshire County Council, how would you rate the transport provision, e.g. the taxi or minibus service?

Answered: 174 Skipped: 67

- Very satisfied: 4.02% (7)
- Satisfied: 4.02% (7)

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- Neither satisfied nor dissatisfied: 2.87% (5)
- Dissatisfied: 1.72% (3)
- Very Dissatisfied: 1.72% (3)
- Not applicable: 85.63% (149)

Q20: If transport is provided/funded by Derbyshire County Council, how would you rate the service provided by the Specialist Transport Team?

Answered: 175 Skipped: 66

- Very satisfied: 1.71% (3)
- Satisfied: 4.00% (7)
- Neither satisfied nor dissatisfied: 4.00% (7)
- Dissatisfied: 2.86% (5)
- Very Dissatisfied: 2.29% (4)
- Not applicable: 85.14% (149)

Q21: Does your child or young person have an EHCP or are you in the process of applying for an EHCP?

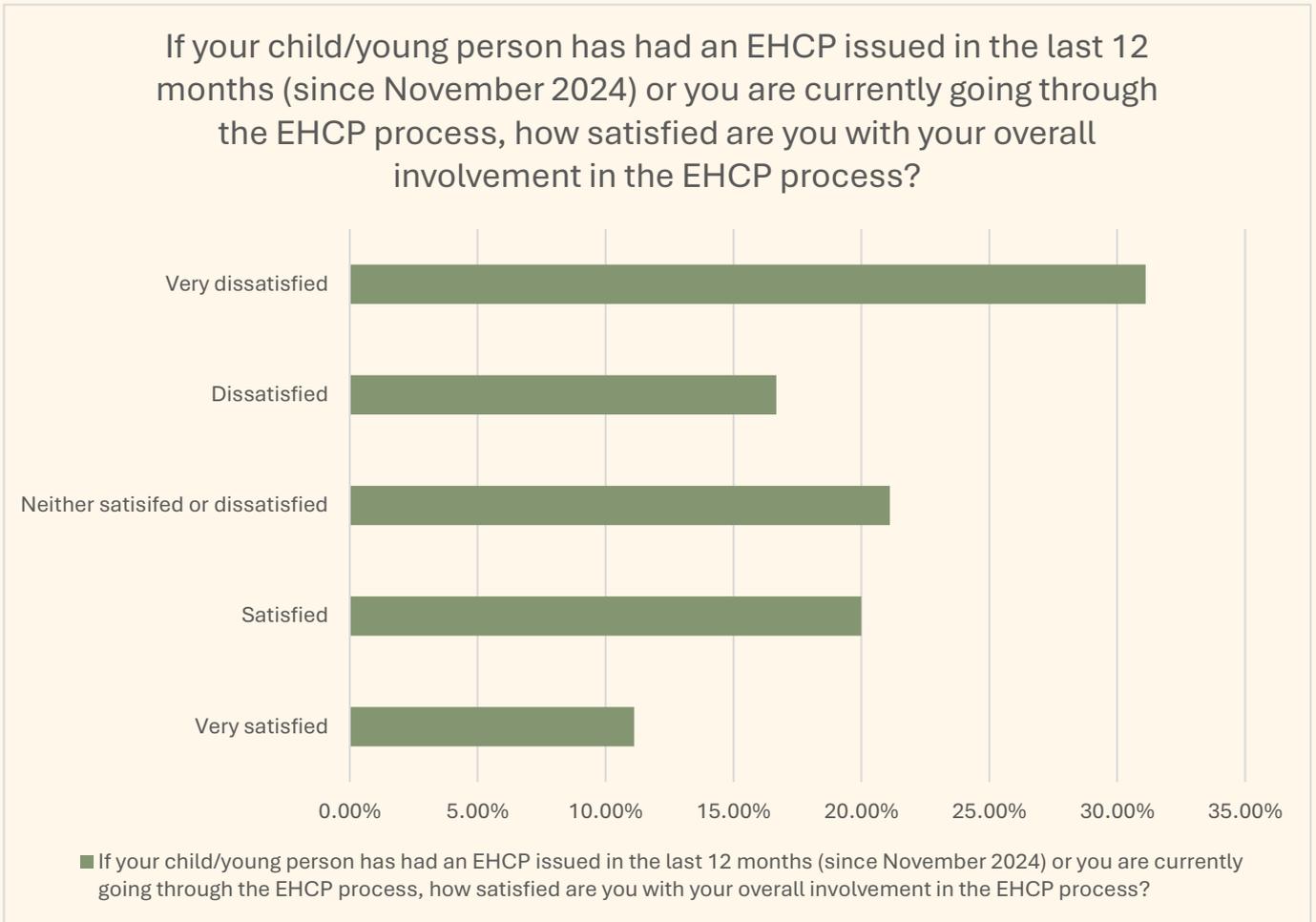
Answered: 196 Skipped: 45

- Yes: 58.16% (114)
- No (please go straight to Question 28): 41.84% (82)

Q22: If your child/young person has had an EHCP issued in the last 12 months (since November 2025) or you are currently going through the EHCP process, how satisfied are you with your overall involvement in the EHCP process?

Answered: 90 Skipped: 151

- Very satisfied: 11.11% (10)
- Satisfied: 20.00% (18)
- Neither satisfied nor dissatisfied: 21.11% (19)
- Dissatisfied: 16.67% (15)
- Very dissatisfied: 31.11% (28)

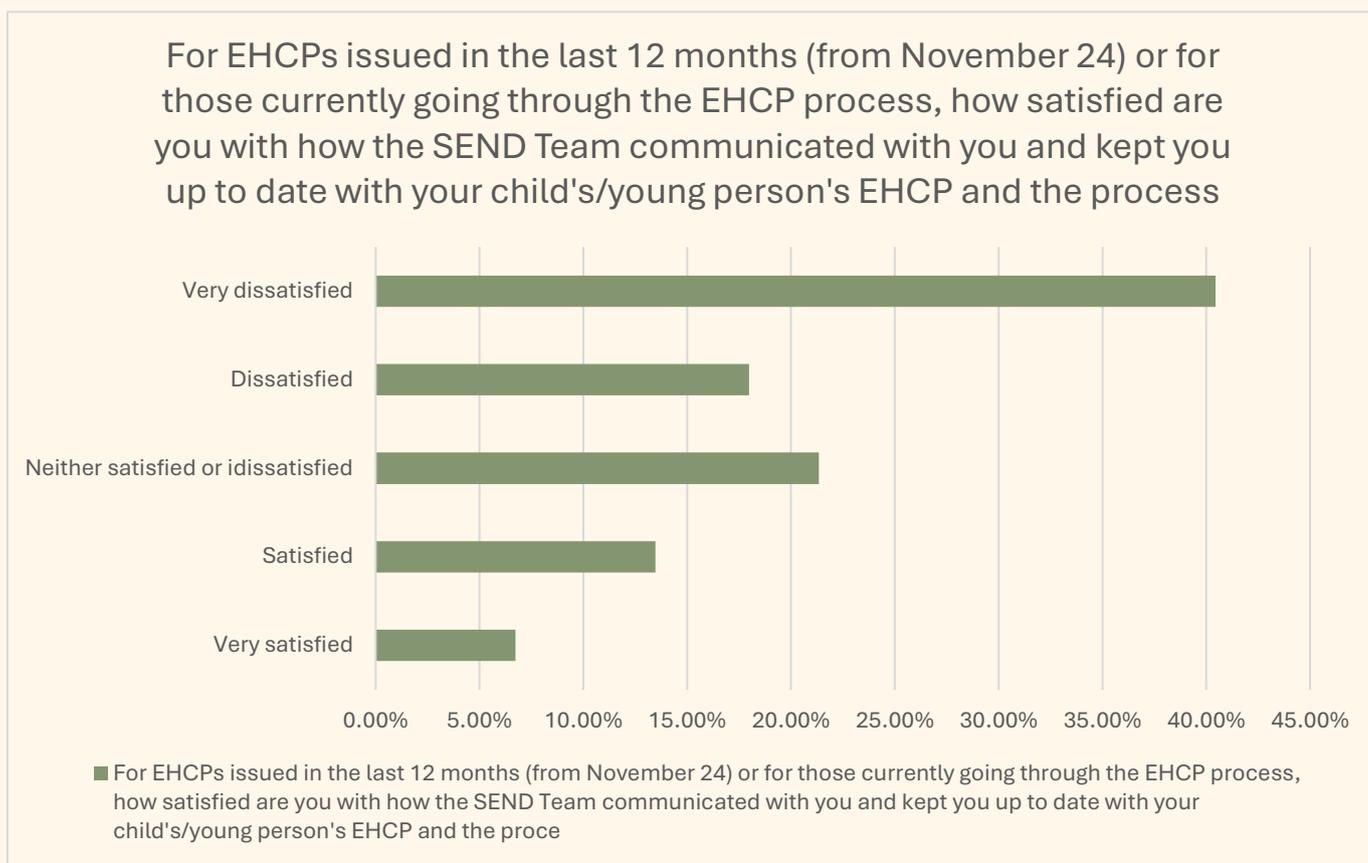


Q23: For EHCPs issued in the last 12 months (from November 24) or for those currently going through the EHCP process, how satisfied are you with how the SEND Team communicated with you and kept you up to date with your child's/young person's EHCP and the process?

Answered: 89

Skipped: 152

- Very satisfied: 6.74% (6)
- Satisfied: 13.48% (12)
- Neither satisfied nor dissatisfied: 21.35% (19)
- Dissatisfied: 17.98% (16)
- Very dissatisfied: 40.45% (36)



Q24: Please give us any comments about the EHCP process in the last 12 months (since November 2023)

Answered: 63

Skipped: 178

Main Themes and Findings

1. Delays and Missed Statutory Deadlines – 34.9%.

The most frequent issue was failure to meet legal timelines for assessments, drafts, and final plans. Parents reported waiting months beyond deadlines, sometimes over a year, and phase transfer deadlines missed by several months.

Example quotes:

- “School phase transfer date was 12 February... EHCP was not issued until September. 7 months late.”
- “Draft was due in May and didn’t receive until November... now it’s out of date.”
- “It took over 8 months to go from draft to final version... had 3 different caseworkers during that time.”

2. Poor Communication and Lack of Contact – 31.7%.

Families described little or no communication, unanswered emails, and difficulty reaching caseworkers. Many noted multiple caseworker changes and reliance on automated responses.

Example quotes:

- “No direct communication... only correspondence through EHCP hub.”
- “Case workers disappearing, not responding to emails... very confusing for a parent to use first time.”
- “I’ve never met or spoken to my son’s caseworker. They make decisions without any communication or care.”

3. Hub and System Issues – 15.9%.

The EHCP Hub was widely criticised as confusing, hard to navigate, and prone to technical failures. Parents reported login delays and cases closed due to inability to upload evidence.

Example quotes:

- “Nightmare. Hub didn’t work. Couldn’t log on... case was closed due to no evidence.”
- “The new system online is very hard to use, it’s confusing and not very clear.”
- “It took six weeks to get the hub log in which arrived on deadline day.”

4. Tribunal, Appeals, and Complaints – 20.6%.

Many parents had to appeal refusals, go through mediation, or escalate to tribunal and even the Ombudsman. Some reported multiple complaints and described the process as adversarial.

Example quotes:

- “We’ve been through the tribunal process... currently have an ongoing formal complaint.”
- “Attempted mediation... Derbyshire ignored multiple requests... now escalated to tribunal.”
- “Took 3 years and over 2 tribunal teams later... judge ordered EHCP finalisation.”

5. Inaccurate or Poor-Quality Plans – 17.4%.

Parents highlighted errors, vague wording, and omission of professional recommendations. Some said plans were finalised without consultation or contained incorrect diagnoses.

Example quotes:

- “Draft was full of errors and missed provision OT had supported with their report.”
- “They ignored professional reports and wrote vague statements.”
- “Learning disability repeatedly recorded as learning difficulties... this is a legal document.”

6. Lack of Accountability and SEND Knowledge – 12.7%.

Comments described staff as unskilled, patronising, and lacking understanding of SEND law. Some felt the LA deliberately blocked progress.

Example quotes:

- “Staff have no clue about SEND law and are patronising.”
- “Derbyshire LA put deliberate blocks in the way... ignored, bullied and lied continuously.”
- “Unskilled team always having to ‘check’ with manager.”

7. Positive Experiences – 4.7%.

A small minority reported good communication or quick resolution of issues.

Example quotes:

- “When I had EHCP review meetings... within a few days they sorted out the problems.”
- “CYP school SEND teacher keeps on top of everything and Practitioner from Derbyshire Education calls me to keep me informed.”

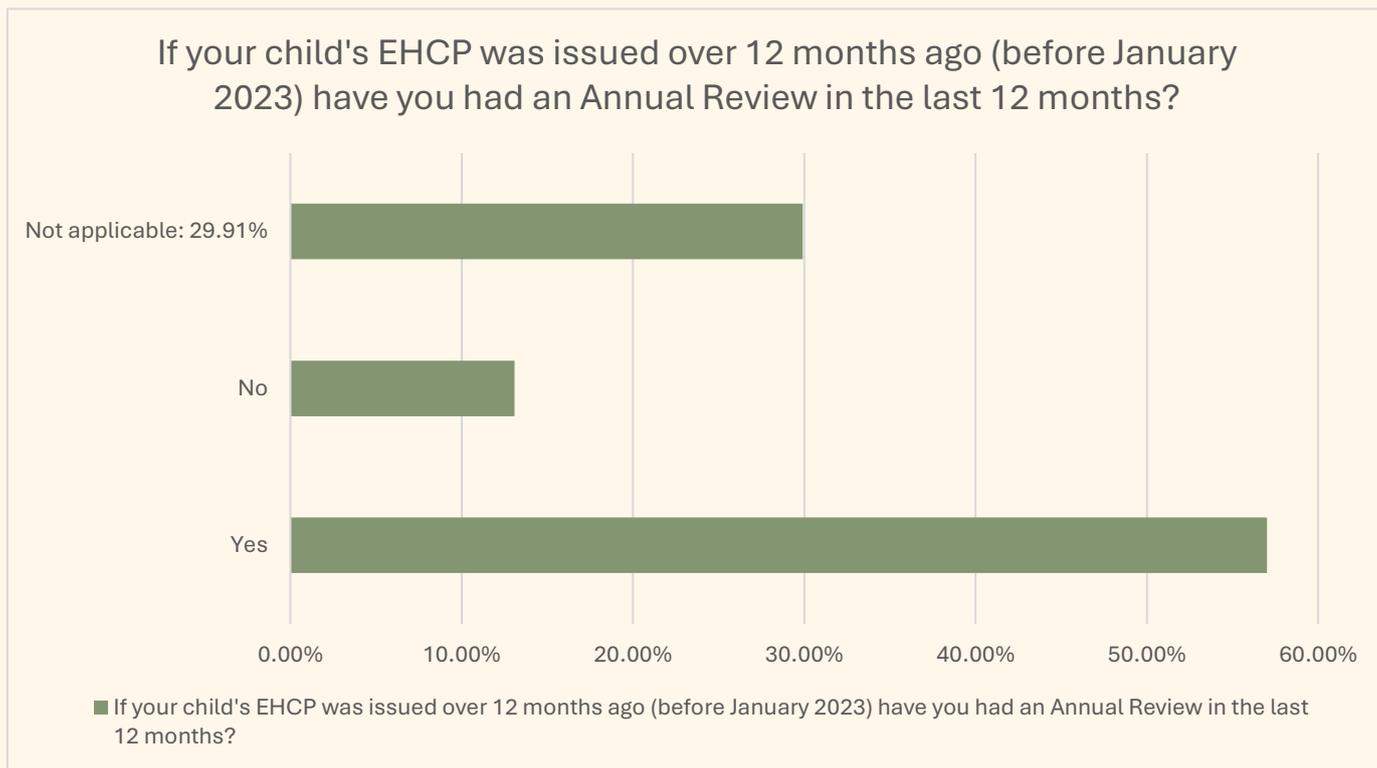
Summary

The EHCP process is widely described as slow, confusing, and adversarial, with systemic issues in timeliness, communication, and quality of plans. Parents often resort to appeals and tribunals, adding stress and delay. While a few positive experiences exist, they are rare compared to the overwhelming negative feedback. The most urgent areas for improvement are meeting statutory deadlines, clear communication, and ensuring plans reflect professional advice accurately.

Q25: If your child's EHCP was issued over 12 months ago (before January 2023), have you had an Annual Review in the last 12 months?

Answered: 107 Skipped: 134

- Yes: 57.01% (61)
- No: 13.08% (14)
- Not applicable: 29.91% (32)

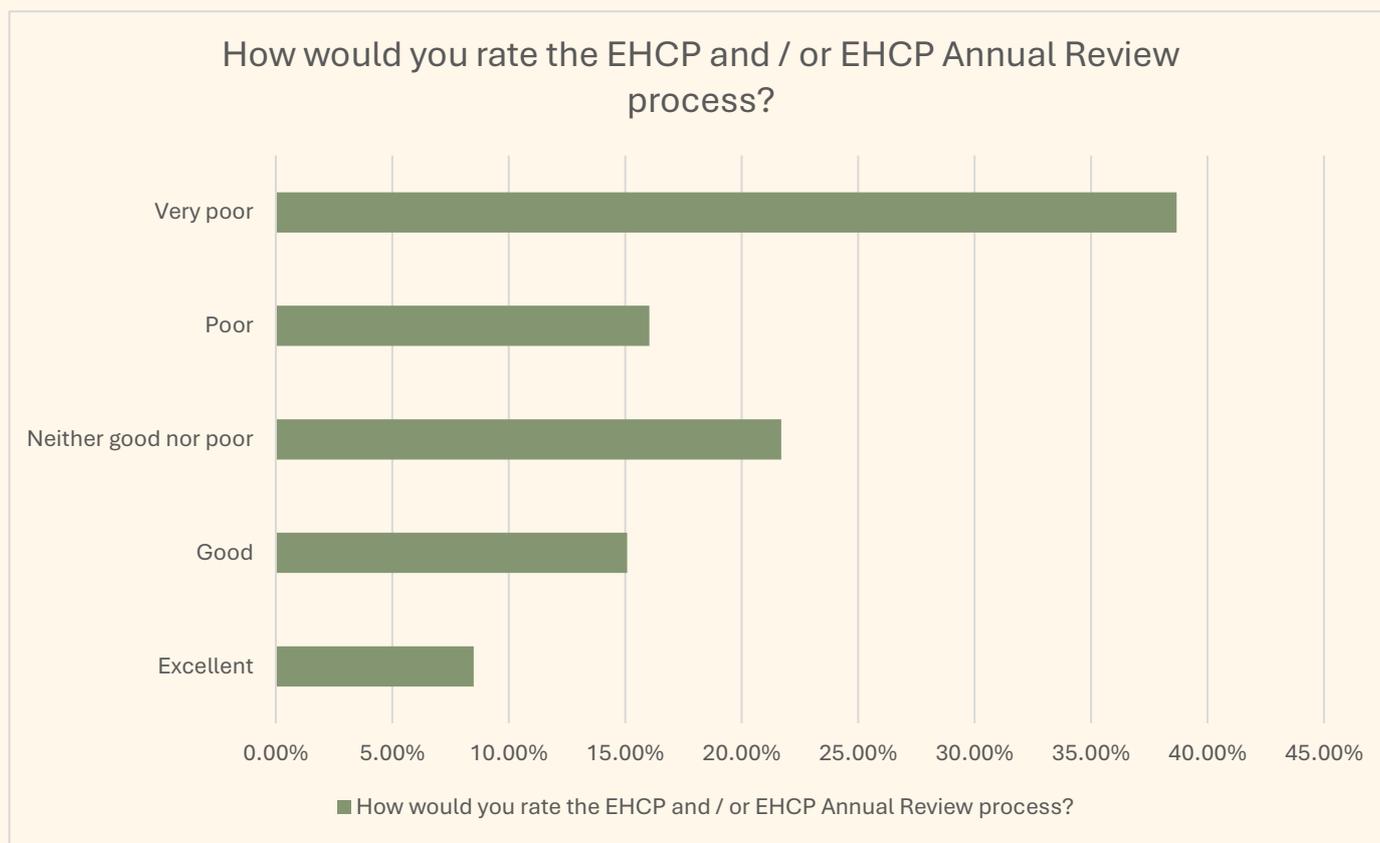


Q26: How would you rate the EHCP and / or EHCP Annual Review process?

Answered: 106

Skipped: 135

- Excellent: 8.49% (9)
- Good: 15.09% (16)
- Neither good nor poor: 21.70% (23)
- Poor: 16.04% (17)
- Very poor: 38.68% (41)



Q27: Please let us know any comments about the EHCP and/or EHCP Annual Review process in the last 12 months.

Answered: 64

Skipped: 177

Main Themes and Findings

1. Delays and Missed Statutory Deadlines – 40.6%

The most frequent issue was significant delays in finalising EHCPs after annual reviews, with some parents waiting over 6–12 months. Phase transfer deadlines were also missed, and emergency reviews were ignored.

Example quotes:

- “Annual review held Sept 2025. It’s currently Dec 2025 and still do not have the finalised EHCP.”

- “Had my son’s annual review Dec 2025 and we have still not had the final draft! Shocking is an understatement.”
- “My son’s Y9 Annual review was in Nov 2025, but we’ve been told he won’t have another until April 2026 to fit in with when the LA want it doing.”

2. Poor Communication and Lack of Contact – 34.3%

Families reported unanswered emails, disappearing caseworkers, and confusion over responsibilities. Many said the LA did not attend review meetings and relied solely on the hub.

Example quotes:

- “Derbyshire County Council have not spoken a word about my son’s EHCP, ignored emails and took months to upload my son’s plan.”
- “Case workers disappearing, not responding to emails... very confusing for a parent to use first time.”
- “No correspondence from the education department about the review or what’s in it.”

3. Hub and System Issues – 18.7%

The EHCP Hub was widely criticised as confusing and inaccessible. Parents reported login delays, lack of training, and cases closed due to inability to upload evidence.

Example quotes:

- “The hub was rubbish. I did not know what it was when I got an email... No one replied to my emails about it.”
- “Couldn’t get access to the hub, took six weeks of emailing to get any response and when I did get the link it arrived on deadline day.”
- “EHC hub is rubbish—looks fancy but makes the process much more difficult than it needs to be.”

4. Tribunal, Appeals, and Complaints – 21.8%

Many parents had to appeal decisions, escalate complaints, or involve MPs and the Ombudsman. Some described the process as adversarial and exhausting.

Example quotes:

- “We are appealing. The whole process has been beyond stressful.”

- “Utterly disgusting. Still waiting for his case to be heard at panel. We have now waited 1.5 years.”
- “I involved my MP and the LGO... now appealing B and F because they completely ignored the recommendations of the review.”

5. Inaccurate or Poor-Quality Plans – 15.6%

Parents highlighted errors, outdated information, and refusal to include professional recommendations. Some said plans were finalised without consultation.

Example quotes:

- “The finalised EHCP is full of errors with information in the wrong boxes.”
- “They ignored professional reports and wrote vague statements.”
- “My daughter still had the wrong EHCP on the hub from her 2025 review.”

6. Lack of Accountability and SEND Knowledge – 12.5%

Comments described staff as disengaged, unskilled, and lacking understanding of SEND law. Some felt the LA deliberately blocked progress.

Example quotes:

- “LA never turn up, take almost all year to finalise and even then, can’t get it right even with diagnostic letters in front of them.”
- “Very poor system, poor communications, poor assessment... reports still refuse to be used.”
- “The LA do not get involved; they leave this to the schools.”

7. Positive Experiences – 6.2%

A small minority reported constructive meetings and good school involvement.

Example quotes:

- “The process was very thorough, and we discussed my son’s needs at length.”
- “School provides great support since starting Year 7 till now.”
- “It went really well. They are sticking to the things that are stated in the EHCP.”

Summary

The EHCP and Annual Review process is widely described as slow, confusing, and adversarial, with systemic issues in timeliness, communication, and accessibility. Parents often resort to appeals and complaints, adding stress and delay. While a few positive experiences exist, they are rare compared to the overwhelming negative feedback.

Q28: If your child/young person has gone through a transition in the last 12 months, please tell us how well different teams prepared them for this?

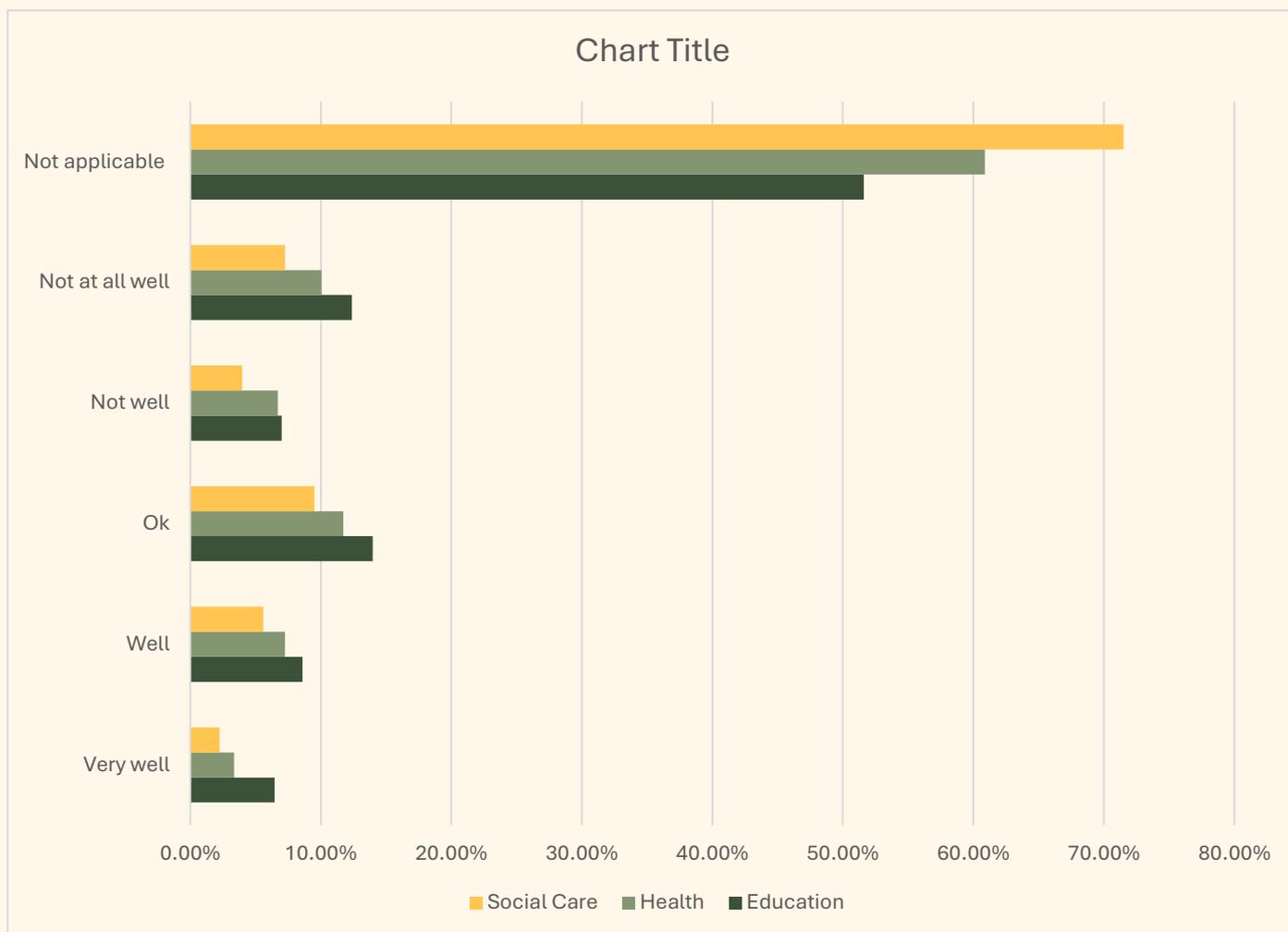
Answered: 186

Skipped: 55

- Education
 - Very well: 6.45% (12)
 - Well: 8.60% (16)
 - Ok: 13.98% (26)
 - Not well: 6.99% (13)
 - Not at all well: 12.37% (23)
 - Not applicable: 51.61% (96)

- Health
 - Very well: 3.35% (6)
 - Well: 7.26% (13)
 - Ok: 11.73% (21)
 - Not well: 6.70% (12)
 - Not at all well: 10.06% (18)
 - Not applicable: 60.89% (109)

- Social Care
 - Very well: 2.23% (4)
 - Well: 5.59% (10)
 - Ok: 9.50% (17)
 - Not well: 3.91% (7)
 - Not at all well: 7.26% (13)
 - Not applicable: 71.51% (128)



Main Themes and Findings

(From 31 open text responses)

1. Lack of Support for Transition (Primary → Secondary / Post-16 / Leaving Education) – 43.1%

Many parents reported little or no support from schools or the Local Authority during key transitions. Post-16 and leaving education at 18 were highlighted as particularly unsupported stages.

Example quotes:

- “Little to no support for transition from school to 6th form college or for moving out of Education at 18.”
 - “There was no support from school or the LA despite asking for it for years.”
 - “No educational provision delivered for start of Y12 A Levels... Young person left with nothing.”

2. Poor Communication and Delays – 36.3%

Families described poor communication, unanswered emails, and delays in EHCP finalisation impacting transition. Some said they had to manage the process themselves.

Example quotes:

- “Everyone I speak to passes me to someone else or no one returns my calls.”
- “The EHCP was not finalised until September one week before the start of Year 7... completely unacceptable.”
- “Like I stated in the previous comments, whilst we were in a transition communication via email was not very good at all.”

3. Stress and Emotional Impact on Families and Young People – 27.2%

Transition was described as highly stressful, with some cases leading to mental health crises and hospitalisation.

Example quotes:

- “Transition is a stressful time for families. The LA have been poor at communicating... reduced me to tears many times.”
- “Her mental health was severely impacted by transitioning to secondary school... ended up in hospital under the CAMHS crisis team.”
- “Found the move to secondary very destabilising... debilitating anxiety.”

4. Issues with Multi-Agency Working (Health, Social Care, CAMHS) – 20.4%

Parents reported lack of involvement from health and social care, delays in CAMHS, and breakdowns in joint planning for residential placements.

Example quotes:

- “Very little input from education, non from health or social.”
- “Left without any support, just changing from CAMHS crisis team to CAMHS recovery team.”
- “The transition from College to residential... social worker had moved on, two interim social workers disappeared... unlawful reductions in support.”

5. Late or Inadequate Planning – 18.1%

EHCP delays and last-minute arrangements caused stress and poor outcomes. Some children missed phased transfers or specialist placements.

Example quotes:

- “X’s transition was poorly managed and caused a lot of stress caused by the delay of his EHCP being finalised.”
- “My son was only given a school place and provided with funding for support literally a couple of weeks before the summer holidays.”

6. Positive Experiences – 15.9%

A minority reported good support from schools, extra transition visits, and proactive communication.

Example quotes:

- “School made so much effort to make the transition as easy as possible.”
- “Secondary school transition was well handled by the staff there and my child received extra transition visits.”
- “Transition from nursery to reception very smooth, lots of communication from class teacher and SENCO.”

Summary

Transition experiences are overwhelmingly negative, with families citing lack of support, poor communication, and delays as major barriers. Emotional stress and mental health impacts are significant, and multi-agency failures compound the problem. While some schools provide excellent support, these cases are rare compared to widespread systemic issues.

Q29: How would you rate any of the following social care services in Derbyshire?

Answered: 179 Skipped: 62

- Children with Disabilities
 - Excellent: 1.69% (3)
 - Very good: 2.26% (4)
 - Adequate: 4.52% (8)
 - Poor: 5.65% (10)
 - Very poor: 8.47% (15)
 - Not heard of or used: 77.40% (137)

- Adult Social Care Team (age 18-25 years)
 - Excellent: 1.21% (2)
 - Very good: 0.61% (1)
 - Adequate: 1.21% (2)
 - Poor: 1.21% (2)
 - Very poor: 3.03% (5)
 - Not heard of or used: 92.73% (165)

- Direct Payment Team within children with disabilities
 - Excellent: 0.58% (1)
 - Very good: 2.31% (4)
 - Adequate: 2.89% (5)
 - Poor: 1.73% (3)
 - Very poor: 2.31% (4)
 - Not heard of or used: 90.17% (156)

- Preparing For Adulthood Team
 - Excellent: 0.57% (1)
 - Very good: 0.00% (0)
 - Adequate: 3.45% (6)
 - Poor: 0.00% (0)
 - Very poor: 3.45% (6)
 - Not heard of or used: 92.53% (161)

- Early Help Team (for ages 0-18 years)
 - Excellent: 2.89% (5)
 - Very good: 2.31% (4)

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- Adequate: 5.78% (10)
- Poor: 3.47% (6)
- Very poor: 8.09% (14)
- Not heard of or used: 77.46% (134)

- Social Care locality Team
 - Excellent: 1.14% (2)
 - Very good: 1.14% (2)
 - Adequate: 4.55% (8)
 - Poor: 2.84% (5)
 - Very poor: 4.55% (8)
 - Not heard of or used: 85.80% (151)

- Community Connectors
 - Excellent: 0.56% (1)
 - Very good: 1.69% (3)
 - Adequate: 2.25% (4)
 - Poor: 1.69% (3)
 - Very poor: 0.56% (1)
 - Not heard of or used: 93.26% (166)

Main Themes and Findings

From 31 open text responses

1. Lack of Awareness and Information About Services – 45.1%

Many parents stated they had never heard of Early Help, Community Connectors, or other support services. They expressed frustration at poor communication and lack of signposting.

Example quotes:

- “I have not heard of any of these or even aware that help was available.”
- “Early Help?! What even is this? This mystery unicorn seems to jump between not existing and being some tiny little thing you have to solve a Davinci Code style mystery to access.”
- “Didn’t know these were even a thing. Managed without.”

2. Limited or No Support Provided – 38.7%

Families reported being denied help, falling below thresholds, or receiving minimal assistance despite significant needs. Some said services were withdrawn without explanation.

Example quotes:

- “Never been offered or used any of the above.”
- “We could do with some additional support... but are below the threshold for CSC so there is nothing else in Derbyshire.”
- “Had excellent early help support X – she was brilliant and then her service pulled and stopped for nothing.”

3. Systemic Failures and Poor Multi-Agency Working – 29.0%

Comments highlighted lack of coordination between professionals, missed opportunities for referrals, and distrust of services. Some described serious breaches and complaints.

Example quotes:

- “None of professionals work together, or listen, been dealing with them for 7 years.”
- “Social care won’t support SEN/disabled children or their disabled parent carers even if you ask for help.”
- “Early years... next day after they closed, I was in a head lock, social service a formal complaint is ongoing... they falsify and inaccurate reports.”

4. Positive Experiences (Minority) – 9.6%

A few parents reported good experiences with individual workers or specific services.

Example quotes:

- “Had excellent early help support X– she was brilliant.”
- “My son's social worker is very good.”
- “Have met connectors through my work (not for my child) and have found them to be helpful.”

5. Reliance on Private or Self-Funded Support – 12.9%

Several families said they had to pay for advocacy or therapy themselves due to lack of local authority provision.

Example quotes:

- “We have only had support from Sunshine Support Advocacy which we have paid for privately.”
- “School are brilliant but no external support... if we could not have afforded to start the process myself my child would have been very mentally unwell.”

6. Long Waiting Times and Service Limitations – 16.1%

Families reported delays for OT, limited sessions from connectors, and inadequate provision for complex needs.

Example quotes:

- “Children with disabilities team POTS Derbyshire County Council – extremely long waiting lists for OT over a year.”
- “Community Connectors limited use if only 12 sessions and cannot meet needs.”

Summary

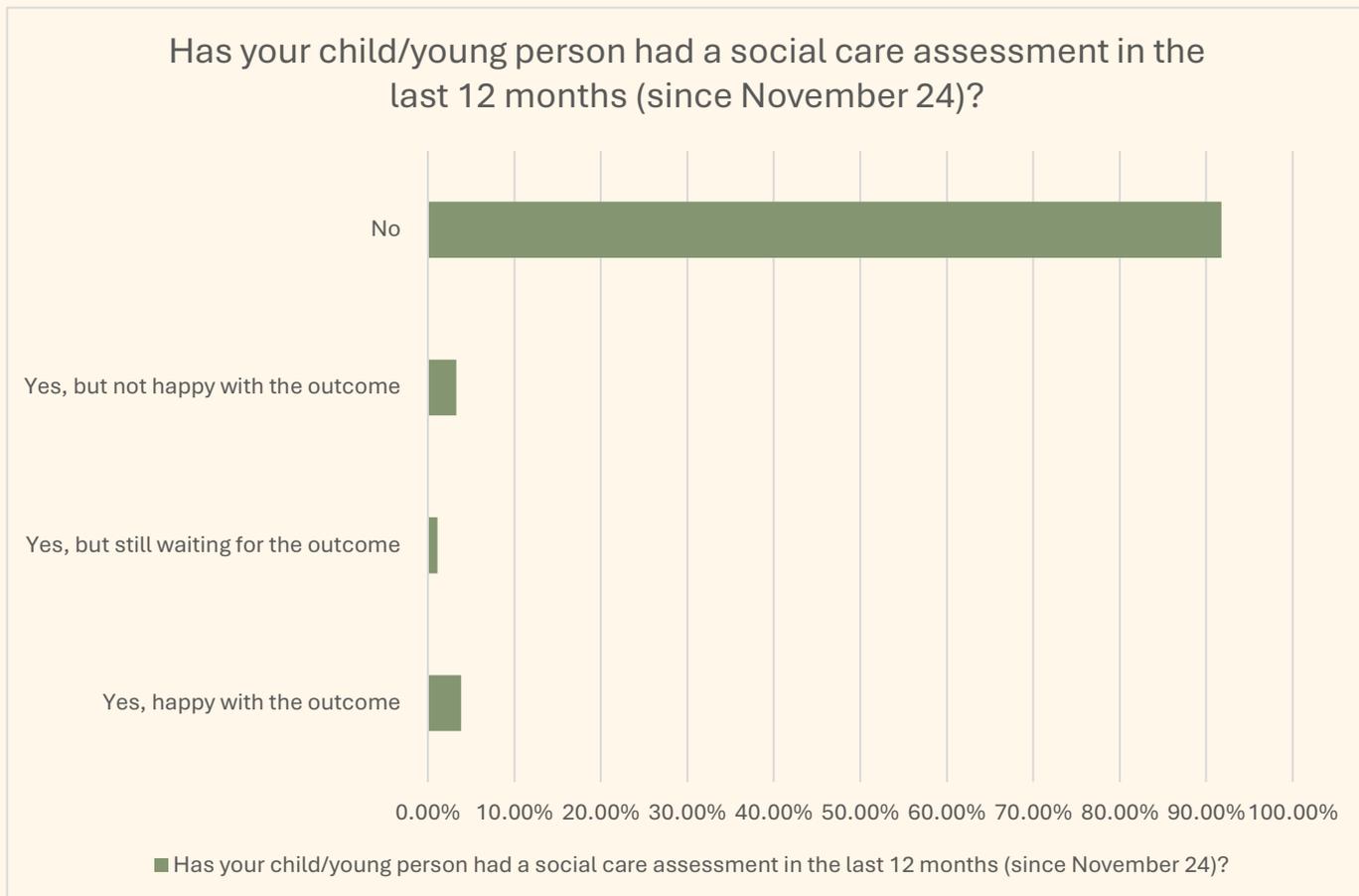
The overwhelming theme is lack of awareness and access to support services, with many families unaware of what exists or unable to access help due to thresholds and systemic failures. Poor communication and multi-agency breakdowns exacerbate stress for families. While a few positive experiences exist, most parents describe frustration, distrust, and reliance on private support. Long waiting times and service limitations further reduce effectiveness.

Q30: Has your child/young person had a social care assessment in the last 12 months (since November 24)?

Answered: 182 Skipped: 59

- Yes, happy with the outcome of the assessment: 3.85 (7)
- Yes, but still waiting for the outcome of the assessment: 1.10% (2)
- Yes, but not happy with the outcome of the assessment: 3.30% (6)

- No: 91.76% (167)



Main Themes and Findings

(From 19 open text responses)

1. Difficulty Accessing Social Care Assessments – 47.3%

Families reported that assessments are almost impossible to access, with repeated refusals, eligibility barriers, and circular referrals between services.

Example quotes:

- “Keep being told that we're not eligible.”
- “It is virtually impossible to access a social care assessment for my child or for myself as a carer.”

- “This service is incredibly difficult to access... reactive not proactive, only seem to have resource for crisis.”

2. Lack of Awareness or Understanding of the Process – 26.3%

Several parents said they did not know what a social care assessment was or had never been offered one.

Example quotes:

- “I am not aware of what this is.”
- “What the hell is one of these?”
- “I would like one but not offered.”

3. Poor Quality or Inappropriate Assessments – 21.0%

Some assessments were described as inadequate, started without parental involvement, or carried out by staff lacking relevant expertise.

Example quotes:

- “I insisted on being there, although they started without me... the person wasn't suitably specialized.”
- “I asked for a parent carers assessment but was instead given a full single assessment... then closed case as disabled children's team refused to accept without a completed EHCP.”

4. Reactive, Crisis-Driven Approach – 15.7%

Families felt support only comes at crisis point, rather than proactive help.

Example quotes:

- “Reactive not proactive, only seem to have resource for crisis by which point it's too late.”
- “Early help will not accept a referral... whatever other excuse they think of at the time.”

5. Positive Experiences (Minority) – 10.5%

few respondents reported thorough assessments or good residential care.

Example quotes:

- “Very thorough assessment.”
- “His residential care is good.”

6. System Failures and Complaints – 18.4%

Comments included backtracking on agreed support, refusal to investigate safeguarding concerns, and ongoing formal complaints.

Example quotes:

- “Agreed to specialist sleep safe bed and then tried to back track... long waiting lists.”
- “When a child gets smacked, they don’t investigate... still ongoing formal complaint.”

Summary

Accessing social care assessments is described as extremely challenging, with families facing repeated refusals, lack of clarity, and reactive crisis-driven responses. Many parents are unaware of the process or find assessments inadequate and poorly managed. While a few positive experiences exist, systemic failures and safeguarding concerns were also raised, leading to distrust and formal complaints.

Q31: Please give us any further comments about DCC Children with Disabilities (Social Care) team

Answered: 27

Skipped: 214

Main Themes and Findings

(From 27 open text responses)

1. Difficulty Accessing Support / High Thresholds – 40.7%

Families described the service as almost impossible to access, with very high eligibility criteria and support being withdrawn after initial help.

Example quotes:

- “About as useful as a chocolate teapot. Thresholds so high you need to be an Olympic pole vaulter to reach them.”
- “We were awarded direct payments for a year... when I requested more help, they took it all away and said I didn’t qualify.”
- “They won’t give us a disability social worker or access to the SGO fund, very let down.”

2. Lack of Awareness or Visibility of the Team – 25.9%

Several parents said they had never heard of the team or did not know what it was.

Example quotes:

- “I don’t even think that they exist!”
- “You wouldn’t know there was one.”
- “No idea what this is.”

3. Communication Issues – 18.5%

Comments highlighted poor communication during processes such as EHCP, lack of clarity, and frustration with complaints handling.

Example quotes:

- “Going through the EHCP process was a nightmare with no communication.”
- “Still ongoing formal complaint.”
- “They just don’t get it!”

4. Carer Strain and Emotional Impact – 14.8%

Parents expressed feeling isolated, overwhelmed, and unsupported, with mental health suffering due to caring responsibilities.

Example quotes:

- “My child has a disability and has had absolutely no support... the barriers to getting support should be criminal.”
- “Even though my mental health is at rock bottom from my caring responsibilities.”
- “I’m getting more irate as I complete this form I apologise.”

5. Waiting Times and OT Backlogs – 7.4%

One detailed response described extremely long waits for occupational therapy and backtracking on agreed equipment.

Example quote:

- “Extremely long waiting lists for OT over a year... agreed to specialist bed then tried to back track... now moved house and are unable to get seen even being on priority waiting list.”

6. Positive Experiences (Minority) – 7.4%

A small number of parents reported good experiences with individual social workers or compared CWD favourably to adult services.

Example quotes:

- “Social worker is very good and responsive.”
- “At the time I thought they were slow, awkward but are a dream compared to adult services.”

Summary

Accessing support from the Children with Disabilities team is described as extremely challenging, with families facing high thresholds, unclear processes, and inconsistent decisions. Many parents are unaware the team exists, and communication is often poor.

Emotional strain and mental health concerns are evident, compounded by long waits for OT and backtracking on agreed support. While a few positive experiences were noted, these are exceptions. Overall, feedback suggests systemic barriers, lack of visibility, and reactive rather than proactive support.

Q32: Please give us further comments about DCC Adult Social Care team

Answered: 15 Skipped: 226

Main Themes and Findings

1. No Comment / Unable to Provide Feedback – 73.3%

The majority of responses were “N/A”, “No comments”, “Can’t comment”, or similar, indicating that most respondents either had no experience with Adult Social Care or chose not to provide feedback.

Example quotes:

- “No comments”
- “N/A”
- “Don’t use”

2. Lack of Awareness or Visibility – 13.3%

Several parents indicated they had never heard of the Adult Social Care team or did not know what it was.

Example quotes:

- “Not heard of any”
- “Don’t use”

3. Positive Experience (Minority) – 6.7%

One respondent reported a positive experience, describing the team as approachable and supportive.

Example quote:

- “Always there to listen.”

4. Frustration / Disengagement – 6.7%

One comment expressed giving up on trying to engage with the service, suggesting barriers or previous negative experiences.

Example quote:

- “Given up trying.”

Summary

Feedback on the Adult Social Care team is minimal, with most respondents providing no comment or stating they have not used the service. A small number of responses indicate lack of awareness, while one positive comment highlights good listening and support. One respondent expressed frustration and disengagement, suggesting potential access or communication issues. Overall, the data suggests low engagement and visibility of Adult Social Care among this group.

Q33: Do you receive 'direct payments' from Derbyshire County Council to source social care services?

Answered: 181

Skipped: 60

- Yes – Short Breaks: 0.00% (0)
- Yes – other social care services: 1.10% (2)
- No: 98.90% (179)

Q34: Are you happy with the services that you can source using your direct payments (including Short Breaks direct payments)?

Answered: 172

Skipped: 69

- Yes: 0.00% (0)
- No: 4.65% (8)
- Not applicable: 95.35% (164)

Main Themes and Findings

(From 13 open text responses)

1. Difficulty Accessing / Being Offered Direct Payments – 30.8%

Families report not being offered Direct Payments despite asking or finding the route to access them very difficult.

Example quotes:

- “Unlawfully, we have not been given the option for direct payments for personal budget via the EHCP. We are currently fighting this.”

2. Lack of Awareness or Understanding of Direct Payments – 30.8%

Several respondents said they had never heard of Direct Payments, didn't know what they were, or were unsure.

Example quotes:

- “Wasn't aware of this?”
- “I've never heard of this or been told.”
- “what is this??”

3. No Comment / Not Used – 30.8%

A sizeable proportion reported they don't use Direct Payments or couldn't comment.

Example quotes:

- “Do not use the service”
- “Never used these services!!!!”
- “Can't comment” / “N/A”

4. Information & Signposting Gaps – 23.1%

Families felt they were not informed about Direct Payments or directed to appropriate support options.

Example quotes:

- “We have not been directed to areas of support.”
- “I've never heard of this or been told.”

5. Market / Supply Constraints (Carers, Respite, Providers) – 15.4%

Where Direct Payments are in place or being pursued, families struggle to find providers, PAs or respite.

Example quotes:

- “Direct payments are useless—no organisation would support us. Only found one carer to provide direct support.”
- “There is a severe shortage of placements/services/respite ops for parents.”

Summary

Overall, feedback indicates low awareness and limited uptake of Direct Payments among respondents. Among those attempting to use them, families report barriers to being offered or accessing Direct Payments, alongside insufficient signposting about how they work and where to find help. Even when families try to proceed, market constraints—such as a shortage of PAs, providers and respite placements—make it hard to put support in place. A

significant minority simply do not use Direct Payments or felt unable to comment, reinforcing the visibility and information gap.

Notes: Themes are counted as the share of all responses that mention each issue; a single comment may reflect more than one theme.

Q35: How easy is it to get information about what services and community activities are available and what they do? This covers all SEND services, holiday clubs, financial support, Motability, etc.

Answered: 177 Skipped: 64

- Very easy: 1.69% (3)
- Easy: 14.12% (25)
- Not very easy: 31.64% (56)
- Difficult: 18.64% (33)
- Very difficult: 33.90% (60)

Q36: Have you heard of the Derbyshire Local Offer website for 0–25-year-olds with special educational needs and/or disabilities (SEND)?

Answered: 180 Skipped: 61

- Yes: 39.44% (71)
- No: 60.56% (109)

Q37: If you have used the Derbyshire Local Offer for 0–25-year-olds with special educational needs and/or disabilities (SEND), how easy was it to find what you were looking for? Please find a link to the Derbyshire Local Offer [here](#)

Answered: 170 Skipped: 71

- Very easy, I found information quickly: 2.35% (4)
- After a bit of a search, I found what I needed: 11.18% (19)
- It took a long time, but I eventually found what I needed: 8.82% (15)
- Couldn't find what I needed: 24.12% (41)
- Not applicable: 53.53% (91)

Main Themes and Findings

(From 26 open text responses)

1. Website Difficult to Navigate, Confusing or Circular – 46.2%

A large proportion of respondents describe the Local Offer website as hard to use, confusing, circular, or poorly designed. Many felt they had to already know what they were searching for.

Example quotes:

- “Hard to navigate and takes you round in circles.”
- “Ridiculous website. Go round in circles trying to find information.”
- “Terrible website with an awful user interface that feels deliberately obstructive.”
- “It’s just a website so it gives information but not proper help.”

2. Limited Services, Especially by Area (High Peak, Glossop, Amber Valley) – 34.6%

Families frequently say the Local Offer lists little support, or services are concentrated away from their area, leaving gaps in the High Peak/Glossop/Amber Valley.

Example quotes:

- “Little to no services in the High Peak area.”
- “What I need is suitable holiday childcare and this isn’t available in Amber Valley.”
- “Services seem to be mainly in Derby.”
- “It seems like we are eligible for most of the services... but also not eligible... a massive waste of time.”

3. Lack of Awareness / Never Heard of the Local Offer – 23.1%

Several respondents say they have never heard of the Local Offer or have never been directed to it.

Example quotes:

- “Not heard of it.”
- “Never used this service or been directed to use it.”

- “Never heard of it, should send information to all families that have SEND children/adults.”

4. Out of Date Information, Broken Links, Poor Search – 23.1%

Families report outdated content, links that don't work, and a weak search function.

Example quotes:

- “Out of date, poor search parameters and not much on there.”
- “Difficult to navigate and often links don't work.”
- “You have to know exactly what you are looking for to search.”

5. Lack of Real Person Support / No Helpline – 19.2%

Respondents say a website alone is not enough — they need human support, follow up, and clear guidance.

6.

Example quotes:

- “Needs a helpline to talk to and someone to calm you...”
- “Sometimes we just need help from a real person.”
- “Website is useless... no way of contacting anyone and nobody replies to the web form.”

6. General Dissatisfaction / Not Fit for Purpose – 19.2%

Some families express strong frustration, describing the Local Offer as unhelpful, pointless, or irrelevant to their real needs.

Example quotes:

- “Pointless.”
- “Website is poor and difficult to navigate. Information is not clear and not helpful.”
- “It was not fit for purpose.”

7. Local Offer Not Publicised Enough – 11.5%

A smaller group mentioned the Local Offer is not well promoted or explained.

Example quotes:

- “Not published enough.”
- “Not actually sure what the local offer does at ‘shop floor’.”

8. Unmet Needs / Wider System Frustration – 11.5%

Several responses highlight unmet needs, crisis-level stress, or broader frustration with lack of support across services.

Example quotes:

- “Couldn’t find anything that would help my children... even crisis team was just there to listen.”
- “There is a shortage of support for parents with children with disabilities.”

Summary

Overall, feedback shows significant dissatisfaction with the Derbyshire Local Offer website. Nearly half of all respondents find it hard to navigate, confusing, circular, or poorly designed. Many feel the content is limited, especially for families in areas like High Peak, Glossop and Amber Valley, where services appear scarce or absent. Awareness of the Local Offer remains low; with almost a quarter reporting they had never heard of it or had never been signposted to it.

Problems with outdated information, broken links, and weak search functions further undermine confidence. Families frequently express the need for real human support rather than a static website, describing current contact routes as ineffective or unresponsive. Several comments also reflect broader frustration with the overall SEND system and a lack of meaningful local support.

Overall, the Local Offer is widely seen as difficult to use, poorly maintained, insufficiently publicised, and not fully reflective of what families actually need. The strongest message is that families want clear, accessible information *and* real-world support, not just a directory.

Q38: Has your child/young person received any health services in the last 12 months?

Answered: 170 Skipped: 71

- Yes: 48.82% (83)
- No: 37.65% (64)

- Not applicable: 13.53% (23)

Main Themes and Findings

Please list the services received

(From 52 open text responses; respondents could list multiple services, so totals exceed 100%)

1. GP / Primary Care – 44.2%

Families frequently cited GP appointments, on the day GP access, and repeat prescriptions, often alongside referrals into other services.

Example quotes:

- “GP appointments (including using the on the day service), blood test visit, referred to paediatrician but not had appointment yet.”
- “GP, Children’s hospital.”
- “Emergency GP appointments.”

2. Paediatrics (incl. community paediatrics) – 34.6%

Many children were seen by paediatricians (community and hospital based), with some referencing specialist paediatric clinics.

Example quotes:

- “Paediatrician at the Den and community nurses.”
- “NHS paediatric care.”
- “Paediatric Dr appointment.”

3. CAMHS / LD CAMHS / Compass – 34.6%

A large share referenced CAMHS contact (including LD CAMHS and Compass). A number also noted difficulties with thresholds or access (see Theme 10).

Example quotes:

- “CAMHS therapy, Neurodiversity work, ADHD management.”
- “LD CAMHS.”
- “Camhs Compass.”

4. ADHD clinic / nurse / medication – 26.9%

ADHD reviews and specialist nurse appointments were common, including medication management.

Example quotes:

- “ADHD nurses – The Den.”
- “ADHD specialist nurse appointments, working under a paediatric team.”
- “Adhd reviews.”

5. Hospital / A&E / Tests – 23.1%

Includes children’s hospital visits, A&E attendances and diagnostics (ECG, X-ray, blood tests, MRI).

Example quotes:

- “Sen son – A&E.”
- “Hospital check-ups, blood tests, vaccinations.”
- “An MRI.”

6. Occupational Therapy (OT) – 17.3%

OT support covered handwriting/processing assessments and broader functional needs; some used independent/private providers (see Theme 9).

Example quotes:

- “Occupational therapy – she had an assessment for her handwriting and processing speed.”
- “Independent OT.”
- “iSCAN – physio and occupational therapy.”

7. Physiotherapy – 13.5%

Physio cited for musculoskeletal needs, fractures, and neurodevelopmental support; some still awaiting appointments.

Example quotes:

- “Physiotherapy waiting list.”
- “A&E and Fracture Clinic – Tameside; Muscular skeletal; Podiatry.”

8. ASD / Neurodevelopmental Assessments – 11.5%

Families reported ASD/ND assessment pathways and neurodevelopmental referrals; a few referenced Right to Choose.

Example quotes:

- “ASD assessment.”
- “GP Neurodevelopmental referral...”
- “Right to choose for a diagnosis as NHS wait would be now more than 7yrs.”

9. Private / Independent Services (OT, SALT, therapy, dyslexia) – 9.6%

Some families turned to private assessments/therapy due to waits or rejection from services.

Example quotes:

- “Private speech and language and occupational therapy assessments.”
- “Private dyslexia assessment as waiting list far too long.”
- “Independent SALT, Independent OT.”

10. Access Issues: Long Waits / Rejection / Cancelled – 11.5%

Repeated references to delays, cancelled appointments and service rejection (particularly CAMHS).

Example quotes:

- “We have tried to access CAMHS twice... rejected both times.”
- “Long waiting times and cancelled appointments.”
- “Referred to paediatrician but not had appointment yet.”

11. Speech & Language Therapy (SALT) – 7.7%

SALT mentioned both via NHS and privately.

Example quotes:

- “Speech and language therapy.”
- “Private speech and language...”

12. Sleep (clinic / melatonin) – 7.7%

Sleep support ranged from GP help to hospital clinics and melatonin.

Example quotes:

- “Sleep clinic at hospital.”
- “Attempted to contact GP for sleep... He needs Melatonin to sleep.”

13. Audiology / Hearing – 5.8%

Example quotes:

- “Audiology.”
- “General paediatrics, audiology...”

14. Ophthalmology / Orthoptics / Optometry – 5.8%

Example quotes:

- “Ophthalmology as he needs an eye operation.”
- “Orthoptics/optometry.”

15. Community / CDC nurses / Child Development – 5.8%

Example quotes:

- “CDC nurses and clinic for ADHD.”
- “Child Development Centre Nurse.”
- “Community nurses.”

Other services mentioned (≤3.8% each)

- Dentistry; Incontinence / Wheelchair; ISAT / EP; Gastro / Dermatology; Cardiology; Neurology; Rheumatology / Musculoskeletal / Podiatry; POTS team; Yearly health assessment; ENT; Ashgate hospice; Foetal alcohol consultant; Paediatric surgeon. A small number reported no health services: “Never used this service” / “None”.

Summary

Across the responses provided, families report broad contact with primary care (GP) and paediatric services, with mental health pathways (CAMHS/LD CAMHS/Compass) and ADHD clinics/nurses featuring prominently. Diagnostic and acute pathways (hospital/A&E/tests) are also common. Therapy services (OT, physio, SALT) are regularly cited, and a notable minority have paid privately or used independent providers.

A recurrent cross-cutting theme is access difficulty – long waits, cancellations, and rejection at triage (especially for CAMHS). Some families describe being referred but not yet seen or turning to Right to Choose and private assessments/therapy to progress care. Sleep support and neurodevelopmental assessments appear as frequent specific needs.

Q39: What health services have worked well for your child/young person with SEND over the last 12 months?

Answered: 69

Skipped: 172

Main Themes and Findings

1. “None / No Services Have Worked Well” – 46.4%

A significant number of respondents state that nothing has worked well, they have received no useful support or have been left on waiting lists with no input.

Example quotes:

- “None.”
- “None to support. Just to check.”
- “None - nothing has been helpful as just sat on waiting lists with no input - shocking.”
- “None, still waiting for proper support.”

2. CAMHS Support – Mixed but Often Positive Once Accessed – 27.5%

Many families referenced CAMHS, often praising individual practitioners or the support once finally accessed.

However, comments nearly always note very long waiting times.

Example quotes:

- “CAMHS – due to a great Dr who shows interest and follows up.”
- “Once through the referral for CAMHS the service was brilliant.”
- “CAMHS have been amazing working with us and school to support us.”
- “Accepted by CAMHS but waiting... daughter wouldn’t consent at the time.”

3. GP Support – 23.2%

Many parents highlighted their GP as supportive, understanding and responsive.

GPs are described as helpful with referrals, medication reviews, and general care, even when specialist services are slow.

Example quotes:

- “GP support/referrals.”

- “GP is lovely and supportive.”
- “My GP is great.”

4. Paediatricians / Community Paediatrics – 20.3%

Where families had contact with paediatricians, experiences were generally positive. They were described as thorough, helpful, and supportive with medication and health checks.

Example quotes:

- “Paediatrician Buxton Medical Centre, Chesterfield Hospital.”
- “Once accessed (2 years) paediatrician was good.”
- “Community ped team – Derbyshire health services.”

5. Long Waiting Times / Barriers to Access – 18.8%

Many families describe being stuck on waiting lists for years, unable to get assessments or treatment.

This is reported across CAMHS, paediatrics, OT, and diagnostic pathways.

Example quotes:

- “Waiting for proper support still.”
- “Still on a huge waiting list for assessment... daughter will probably have finished school by then.”
- “Had to wait a year which wasn’t good.”

6. Occupational Therapy / Physio / DCD Assessment – 13.0%

Some families report good experiences with OT, sensory integration, physio, or DCD assessments.

Most describe the support as positive *once accessed*.

Example quotes:

- “Private assessment for OT/sensory integration.”
- “Occupational therapy (including DCD assessment, very good).”
- “We’re going to Rowan House for physio soon.”

7. Positive Individual Services (Small Numbers but Strong Praise) – 11.6%

A number of services were praised by name, though each only appeared a handful of times. These include:

- Compass
- Practice nurse / specialist nurses
- Nightingale Ward (CRH)
- The Den (Chesterfield Royal)
- Ophthalmology/eye services
- Dental service (although long waits)
- A&E / fracture clinic (Tameside)
- ADHD teams
- Cardiology

Example quotes:

- “Compass.”
- “The Den – Chesterfield Royal Hospital.”
- “Ophthalmology – sort of... but had to fight for appropriate room.”
- “Dental team although wait is very long.”

8. Private Health Services Used Instead of NHS – 10.1%

Several families reported paying privately for assessments or therapy because NHS waits were too long or support was unavailable.

Example quotes:

- “The health services which we have privately funded.”
- “Private assessment for OT/sensory integration... wish this was available without paying privately.”

9. School-Based Support Filling the Gap – 8.7%

Some parents state that school staff (especially SENCOs) are providing the *only* effective support.

Example quotes:

- “School only.”
- “My child’s SENCO at school is the only one involved.”
- “Thank goodness the school have been amazing... everything else is brick walls.”

10. Mixed or Adequate General Health Care – 5.8%

A minority reported that general hospital services or “most services” were fine or adequate.

Example quotes:

- “Most health services are adequate.”
- “All been fine.”
- “Hospital services.”

Summary

Overall, the feedback shows a very mixed and often negative experience of health services for children and young people with SEND over the last 12 months.

Nearly half of all respondents report that no service has worked well, often due to being stuck on extremely long waiting lists, lack of communication, or receiving no support at all.

Where support *has* been accessed, families frequently praise CAMHS, GPs, and paediatricians, though almost always alongside comments about long waits, difficulty accessing appointments, or inconsistent experiences between practitioners. Occupational therapy, DCD assessments, physio, and specific hospital departments were praised in smaller numbers.

A recurring theme is the need to pay privately for vital assessments such as OT and sensory integration, raising concerns about inequality of access.

Some families report that schools are the only place where their child receives meaningful support, highlighting continued gaps between education and health services.

Overall, the strongest message from families is that:

- Access is too slow,
- Support is inconsistent,
- Many receive no help at all, and
- Positive experiences tend to depend on individual staff rather than systems.

Q40: What health services have not gone well for your child/young person with SEND over the last 12 months?

Answered: 58

Skipped: 183

Main Themes and Findings

1. Extremely Long Waiting Times / No Access to Services – 58.6%

The strongest and most frequent theme is very long waits, sometimes years, for ADHD/ASD assessment, paediatrics, CAMHS, physio, dentistry, and specialist referrals. Many families report no communication, no updates, and no support during the wait.

Example quotes:

- “Waiting times for any paediatric service.”
- “Referral process started in 2020... not due to be seen until 2026.”
- “ASD assessment took 18 months and then another 6 months just to hear back.”
- “Still waiting after 3 years on the list.”
- “The waiting times for all of the above are 2 plus years.”

2. CAMHS Access and Support Not Meeting Needs – 44.8%

CAMHS is frequently described as:

- rejecting referrals,
- cancelling appointments,
- offering inappropriate interventions, or
- only helping children in crisis.

Families of autistic children in particular report CAMHS services as not autism trained, not understanding OCD/Alexithymia, or not offering specialist pathways.

Example quotes:

- “Referrals to CAMHS twice were rejected.”
- “CAMHS don’t seem to care unless your child is actively harming themselves.”
- “Compass recommendations were completely inappropriate for an Autistic child.”
- “Not able to access CAMHS for OCD because he also has autism.”
- “Cancelled CAMHS appointments.”

3. GP Problems – Dismissive, Rude, or Lacking SEN Understanding – 31.0%

Many families describe poor experiences with GPs, including being:

- dismissed,
- laughed at,
- misunderstood,
- told not to attend appointments,
- prevented from speaking on their child’s behalf.

Example quotes:

- “We have literally been laughed at by our GP.”
- “GP was rude, abrasive and unhelpful.”
- “GP total lack of knowledge around my son’s phobia and mental health.”
- “GPs don’t like it when I answer for her even though she can’t answer questions.”

4. Lack of Coordination Between Services / No Whole Child Approach – 25.8%

Families repeatedly highlight fragmented care, where no one looks at the child holistically. Health, mental health, and school systems often contradict one another.

Example quotes:

- “Just wish someone would coordinate all of it.”

- “Paediatrician looking at one thing, CAMHS another, school something else.”
- “Nobody looks at the whole child.”

5. Allied Health Services Not Meeting Needs (OT, SALT, Physio) – 24.1%

Many parents cite issues such as:

- Physiotherapy waits,
- SALT withdrawn or not delivered despite EHCP Section F,
- OT reports ignored by schools,
- Podiatry difficult to access or inappropriate for SEND needs.

Example quotes:

- “Speech and language pulled with no further support despite being in Section F.”
- “Physio waiting list.”
- “Podiatry too far and hard to arrange.”
- “School doesn’t follow OT recommendations.”

6. Negative Hospital Experiences / Environments Not SEND Friendly – 22.4%

Families report problems in A&E, wards, MRI, sedation, and ophthalmology appointments. Issues include:

- distressing environments,
- incorrect sedation choices,
- families left without support,
- inappropriate or unsafe settings for SEND children.

Example quotes:

- “They put him under sedation instead of full anaesthetic – horrendous.”
- “Abandoned on the ward with a distressed child.”
- “A&E not supportive.”
- “Hospital environments not set up to support SEND.”

7. Lack of Specialist Services (especially for Autistic children with mental health needs) – 20.7%

Parents report that children with autism and complex needs fall between services, with CAMHS, Compass, and GPs all saying the child doesn’t fit their remit.

Example quotes:

- “Autistic children need specialist mental health services that are not available.”
- “Compass don’t offer services to the age of my child.”
- “Compass don’t support OCD.”
- “Referral rejected due to autism.”

8. Loss of Key Staff / Lack of Continuity – 13.8%

Losing paediatricians or health visitors and having to retell their story caused distress and delays.

Example quotes:

- “We recently lost our paediatrician... now we repeat our story constantly.”
- “My health visitor changed and I’ve never seen the new one.”

9. Dental Services Hard to Access – 12.1%

Specialist dentistry is frequently described as impossible to access, especially for children who cannot tolerate high street dentistry.

Example quotes:

- “Specialist dental services impossible to access without referral.”
- “She won’t go to a standard dentist – that’s why she needs specialist.”

10. Administrative Problems / Being Removed from Lists – 10.3%

Some families were removed from waiting lists, had appointments cancelled, or were penalised for unavoidable cancellations.

Example quotes:

- “Kicked off the list for cancelling twice while I was in hospital after nearly dying.”
- “Review appointment nearly a year overdue.”

11. Parents Forced to Go Private – 8.6%

Several families reported turning to private appointments after being failed by NHS pathways.

Example quotes:

- “We have opted for private SALT as the local offer was not sufficient.”
- “Having to pay for everything ourselves – unfair.”

12. Broad Statements of Total System Failure – 20.7%

A number of respondents describe complete lack of support, or that all services have been unhelpful.

Example quotes:

- “All of them – no support.”
- “The NHS assessment service is a disgrace.”
- “All.”
- “Non.”

Summary

Feedback indicates significant and widespread dissatisfaction with health services for children and young people with SEND over the last year.

The most dominant issue is unacceptable waiting times, with some families waiting multiple years for assessment or intervention, often without communication or updates.

Parents also report major concerns with:

- CAMHS access and suitability,
- poor GP interactions,
- lack of coordination between physical and mental health services,
- SEND unfriendly hospital environments,
- inconsistent or missing therapies (SALT, physio, OT), and

- being forced to go private for essential care.
- Experiences of distressing or unsafe care, cancelled appointments, and administrative failings further undermine trust in the system.

Overall, families describe a health system that is fragmented, overstretched, poorly understood by professionals, and often inaccessible—leaving parents to manage alone, pay privately, or rely on schools instead of health services.

Q41: How could health services be better for your child/young person with SEND in future?

Answered: 72

Skipped: 169

Main Themes and Findings

1. Shorter Waiting Times / Faster Access to Assessments – 73.6%

The dominant message is that waiting times across the entire health system are unacceptable, harmful, and have long term impact on children’s wellbeing and development. Parents describe waits of years for ASD/ADHD assessment, paediatrics, physiotherapy, counselling, and mental health input.

Example quotes:

- “Wait times are ridiculous.”
- “Faster waiting lists! 3–4 years is a ridiculous wait time for an autism assessment!”
- “Cut waiting times for autism and ADHD assessments.”
- “By the time a child gets an appointment they could have done something they might not come back from.”
- “Need to be quicker.”

2. Better Communication and Joined Up Working – 48.6%

Families consistently describe a lack of coordination between GPs, paediatrics, CAMHS, schools, and other teams.

Parents feel they have to repeat their story over and over, and no service sees the whole child.

Example quotes:

- “Nobody talks to each other.”
- “Stop sending us from pillar to post.”
- “Better communication between school and health.”
- “A service that sits between school and CAMHS/paediatrics.”
- “We got the diagnosis and that was it – no information.”

3. More Staff Training & Understanding of SEND – 38.9%

Parents want health professionals to have better autism, ADHD and neurodiversity knowledge, including how conditions present in verbally able or academically able children. Several mention Oliver McGowan training as a positive but not widely adopted.

Example quotes:

- “Better staff training and understanding of SEND.”
- “More awareness of how ASD presents in verbal and academically able children.”
- “Some staff still hold outdated views.”
- “Stop being patronising – we are autistic, not ‘a bit on the spectrum’.”
- “Doctors need to understand anxiety and dysregulation better.”

4. More Mental Health Support (especially autism appropriate) – 36.1%

Families describe a huge gap for autistic children with mental health needs – too complex for school, not ‘ill enough’ for CAMHS, and no moderate need pathway.

Example quotes:

- “Mental health services are a massive let down.”
- “Specialist autistic mental health services.”
- “There’s crisis or nothing – no support for moderately unwell children.”
- “Help with emotional dysregulation.”
- “More support around anxiety.”

5. Clearer Information About What Support Exists – 26.4%

Parents feel they must “fight” for everything and often have no idea what they can access.

Example quotes:

- “Let me know what is available.”
- “I have no idea what is even available.”
- “Actually give parents information.”
- “We got the diagnosis and a leaflet — nothing else.”

6. Early Intervention Before Crisis – 25.0%

Many parents want earlier screening, early years support, and no age based rules preventing referrals.

Example quotes:

- “Early intervention in nursery and infant school.”
- “I was told to wait until they were 7 — why?”
- “Better knowledge of what support exists while waiting for diagnosis.”

7. Continuity of Staff and Consistent Follow Ups – 23.6%Ups – 23.6%

Parents repeatedly stress that staff changes cause stress, lost records, and repeating stories endlessly.

Example quotes:

- “Continuity of staff is very important.”
- “Seeing the same GP each time helps her build trust.”
- “More regular follow-ups to keep health records updated.”

8. More SEND Friendly Environments – 20.8%

Families describe overstimulating, inappropriate hospital/clinic environments.

Example quotes:

- “Sensory friendly buildings.”
- “Quiet spaces and waiting rooms.”
- “More welcoming and less clinical.”
- “Consider how services support autistic children in waiting rooms.”

9. More Local Services (especially High Peak / Glossop) – 19.4%

Parents outside main hubs want equal access to services.

Example quotes:

- “Services in the High Peak area.”
- “No mental health provision in Glossop.”
- “More local and accessible appointments.”

10. Better Access to Therapies (SALT, OT, Sensory OT, Counselling) – 18.1%

Parents highlight large gaps in therapy availability, particularly sensory OT and speech and language.

Example quotes:

- “Lack of therapeutic services.”
- “More support for counselling without having to pay.”
- “Sensory occupational therapy is desperately needed.”

11. A Key Worker / Single Point of Contact – 16.7%

Families say they need **one person** who oversees care and supports navigation of the system.

Example quotes:

- “Need someone, anyone, a regular support worker to help sort it all.”
- “A service that sits between school and CAMHS/paediatrics.”

12. More Respect, Listening and Compassion – 15.3%

Parents describe feeling dismissed, invalidated or patronised.

Example quotes:

- “Listen to parents – we know our children.”
- “Treat child and parent with respect and compassion.”
- “Actually listen.”
- “Take worry and anxiety seriously.”

13. Vision, Dental, and Specialist Services Access – 12.5%

Families want better access to:

- specialist dentistry
- vision screening (especially for SEN children in mainstream)
- continence services
- developmental checks
- ADHD medication reviews

Example quotes:

- “Vision screening for SEN kids in mainstream—this is essential.”
- “Self/GP referral to specialist dentist.”
- “Continuity in continence services.”

14. Reduced Bureaucracy / Less Red Tape – 11.1%

Parents describe the process as unnecessarily adversarial.

Example quotes:

- “Stop the ridiculous amount of red tape.”
- “Base services on child need, not what’s available.”
- “Remove blanket rules.”

Summary

Overall, families are clear about what would improve health services for children and young people with SEND. The message is consistent and powerful: the system must be faster, kinder, better trained, more coordinated, and easier to navigate.

The single loudest theme is waiting times, with many describing delays of years for essential assessments and support.

Parents also call for better communication, more SEND trained staff, earlier intervention, holistic care, and greater availability of therapies.

A lack of clear information, poor continuity of staff, and services not designed with SEND needs in mind further undermine confidence.

Families want a system that:

- listens to them,
- understands neurodiversity,
- acts early,
- removes barriers and bureaucracy,
- works together across health and education,
- and provides timely, skilled, and compassionate support.

This dataset shows a clear direction for improvement: reduce waits, increase training, coordinate care, and create truly accessible and autism friendly pathways.

Q42: What has worked well for your child/young person over the last 12 months?

Answered: 109 Skipped: 132

Main Themes and Findings

1. Strong Support from Schools, SENCOs and School Staff – 63.3%

By far the most consistent positive theme is **school based support**.

Parents praised:

- excellent SENCOs
- supportive teachers
- strong communication
- tailored adjustments
- pastoral care
- access to school therapists or mentors
- well managed transitions

Many families describe school as the only meaningful support they have received.

Example quotes:

- “Being in the right school setting with an excellent SENDCO.”
- “School and school staff have been fantastic.”
- “The school sendco and her team.”
- “The key worker in school is the only person my child trusts.”
- “School provides great support... even without an EHCP.”
- “X school and their SEND Coordinator... amazing.”

2. EHCPs Making a Positive Impact Once in Place – 34.9%

Families report that once an EHCP is finally secured, support often improves dramatically.

EHCPs have enabled:

- 1:1 support
- tailored provision
- specialist input
- reduced stress and anxiety
- better academic engagement

Example quotes:

- “Since receiving his EHCP support has been put in place.”
- “When we finally got the EHCP it has been amazing.”

- “Finally issued an EHCP.”
- “He has a 1:1 TA thanks to funding.”

3. Nothing Has Worked / No Support Received – 33.0%

A large group of parents state clearly that nothing has worked well in the last 12 months. These comments reflect lack of access, long waits, system failures, or total absence of services.

Example quotes:

- “Nothing.”
- “Absolutely nothing.”
- “We feel very let down.”
- “What other services? There are none.”
- “Literally nothing.”

4. Private Assessments and Paid Support – 20.2%

Many families report paying privately for ASD/ADHD assessments, counselling, OT, or tutoring because NHS and LA systems were too slow or inaccessible.

Example quotes:

- “Independent services that we funded.”
- “Private autism assessment paid for by myself.”
- “We’ve had to pay privately and research everything ourselves.”
- “ADHD Foundation which we paid for.”

5. Positive Support from Community Groups and Charities – 16.5%

Charities and voluntary organisations were repeatedly mentioned as providing meaningful help.

These included:

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- Ashgate Hospice counselling
- DPCV
- IPSEA
- SOS SEN
- Portage
- Right to Choose pathways
- Community activity groups
- Mentors and local projects (Nisai, Sparky Ink)

Example quotes:

- “Ashgate hospice counselling.”
- “Our portage worker is brilliant.”
- “DPCV have given excellent support.”
- “SOS SEN are brilliant.”

6. Supportive Staff or Key Individuals – 15.6%

Many families described a *single* teacher, TA, mentor or key worker who made a major difference.

Example quotes:

- “One individual in school has worked hard to build trust.”
- “The teacher of the deaf has been good.”
- “Our young person only has provision because I educated myself and fought for it.”

7. CAMHS or ADHD Teams – Mixed but Sometimes Very Positive – 13.8%

Although experiences vary widely, some families reported strong therapeutic support and good communication.

Example quotes:

- “CAMHS team have been fantastic.”

- “Regular contact with ADHD team.”
- “CAMHS therapy at X Academy BRIDGE access.”

8. Progress at School (academically, socially or emotionally) – 13.0%

Some parents noted improvements in:

- behaviour
- confidence
- social skills
- friendships
- learning
- routine stability

Example quotes:

- “School progress.”
- “Friends at school have helped him socially.”
- “Being settled in school has helped enormously.”

9. Home Education or Alternative Provision – 9.9%

Some families report success only after removing their child from unsuitable settings or securing alternative provision.

Example quotes:

- “The only reason my child accesses education is because she is home educated.”
- “School agreeing to home tutor.”
- “Right to Choose diagnosis helped us find the right path.”

10. Support from Social Care / Respite / Residential – 8.3%

A small but important group cited positive support from:

- respite care

Derbyshire Parent Carer Voice

- social workers
- residential school settings
- holiday activities via community groups

Example quotes:

- “Respite care, his school and his social worker.”
- “Residential home.”
- “Community groups have supported holiday activities.”

11. Reduced Anxiety Through Adjustments – 7.3%

Families mentioned specific adjustments that made a noticeable difference:

- sensory toys
- loops in class
- quiet waiting rooms
- SATs arrangements
- 1:1 support
- structured routines

Example quotes:

- “Quiet space and extra time for SATs helped her.”
- “Wearing loops in class and sensory toys.”
- “Having a routine and the same people in the classroom.”

12. Assessment or Diagnosis Finally Achieved – 6.4%

Some parents noted that after long battles, securing a formal diagnosis was a turning point.

Example quotes:

- “Finally getting an ADHD assessment.”
- “Full autism diagnosis via Right to Choose.”

Summary

This dataset shows an overwhelmingly clear pattern:

School settings — particularly those with strong, empathetic SENCOs and well-trained staff — provide the most meaningful support to children and young people with SEND.

EHCPs, where successful, are a major source of improvement, though many families highlight the struggle required to secure one.

A substantial proportion of families continue to report no support at all, echoing themes of frustration, exhaustion, and reliance on private assessments or self-advocacy. Community groups, charities, and isolated positive individuals played essential roles for some families, often stepping in where formal services did not.

Overall, what has worked well in the past 12 months overwhelmingly reflects:

- school based provision,
- EHC enabled support,
- private intervention,
- charity/community support, and
- determined parental advocacy.

Comments also highlight that meaningful progress is frequently the result of individual effort—whether by families themselves or exceptional school staff—rather than system-wide consistency.

Q43. What has not gone well for your child/young person over the last 12 months?

Answered: 108

Skipped: 133

Main Themes and Findings

1. EHCP Process: Delays, Refusals, Poor Communication – 62.0%

The most dominant theme is serious dissatisfaction with the EHCP system, including:

- extremely long waits
- refusal to assess
- lost paperwork
- poor or no communication
- unlawful delays

Derbyshire Parent Carer Voice

- incorrect or missing information
- failure to name schools
- annual reviews not updated

Families describe the process as combative, traumatising and detrimental to their child's wellbeing.

Example quotes:

- "The EHCP process and the 'board' were an absolute joke."
- "Phase transfer epic fail... absolutely disgusting."
- "Still waiting for the review decision submitted May 2025."
- "Everything is a battle to get support."
- "DCC SEND Team have acted illegally and neglected their duties."

2. No School Place / No Education / Off rolling / Parttime Provision – 35.2%

Many children have no current educational placement, are being taught part-time, are not attending due to unmet needs, or have been unable to access education for long periods (some over a year).

Example quotes:

- "My daughter has been out of school for 12 months."
- "No access to education when not attending."
- "Over a year of missed education with no services involved."
- "No school place for 3 years for a diagnosis."
- "No one helping to find a suitable placement."

3. Poor Support from Schools / Needs Not Met – 33.3%

Families report inconsistent or poor support from schools, including:

- needs ignored
- behaviour policies not adapted
- punishment instead of support
- lack of SEND understanding

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- poor transition to secondary school
- bullying not addressed
- staff changes disrupting support

Example quotes:

- “School bullying and no one listens.”
- “Staff not understanding how my child works.”
- “Behaviour management systems are robotic and inflexible.”
- “Support, advice or direction from school when approached — none.”
- “The school does not provide education or a safe environment.”

4. Long Waiting Lists and Inaccessible Services (CAMHS, ASD/ADHD, OT, SALT) – 31.5%

Families describe years-long waits for assessment and therapy, and repeated experiences of services declining referrals.

Example quotes:

- “Still on the waiting list after 2.5 years.”
- “Wait lists are years long.”
- “OT declined referral due to very narrow criteria.”
- “SLT stopped without notice.”
- “CAMHS waiting list time was quite long.”

5. Lack of Support from the Local Authority (DCC) – 30.6%

A powerful theme across responses is extreme frustration and distress linked to Derbyshire County Council SEND services.

Issues include:

- unlawful delays
- no responses
- combative communication
- inaccessible staff
- failure to follow statutory duties

- poor decision making

Example quotes:

- “Derbyshire County Council have failed my daughter.”
- “A brick wall communicates better than the LA.”
- “Everything else has been a shambles.”
- “We’ve been completely let down by DCC.”
- “The way we have been treated is disgusting.”

6. Mental Health Needs Not Supported – 22.2%

Families describe children struggling without proper mental health intervention, often experiencing anxiety, trauma, panic, and emotional dysregulation.

Example quotes:

- “Not being able to access any mental health support.”
- “My child is struggling emotionally and school don’t understand.”
- “No help for my son’s mental health or ASD at home.”
- “No support for trauma behaviours.”

7. Lack of Communication from Services (School, LA, NHS) – 20.4%

Parents report communication failures, unanswered emails, lost paperwork, passed around referrals, and stalled decision making.

Example quotes:

- “Communication overall has been poor.”
- “Paperwork lost twice by doctors.”
- “No engagement at all.”
- “No one listening or giving information.”

8. Transport Issues – 12.0%

Families describe major problems with SEND transport, including delays, refusals, unsafe arrangements, and lack of communication.

Example quotes:

- “Transport.”
- “Getting support such as school transport has been awful.”
- “Transport from the council SEND services is shocking.”

9. SEND Needs Ignored or Minimised – 11.1%

Children’s needs are often dismissed or misunderstood, particularly:

- sensory needs
- anxiety
- dyslexia
- ADHD symptoms
- demand avoidance
- medical needs
- toileting needs

Example quotes:

- “My child’s needs are constantly ignored.”
- “School treat her as a naughty child.”
- “They refuse to recognise the sensory issues.”
- “We asked for dyslexia assessment and were sent in circles.”

10. Suspension, Exclusion, and Behaviour Mismanagement – 10.2%

Families report inappropriate punishments, unadjusted behaviour policies, and exclusion due to unmet needs.

Example quotes:

- “Multiple suspensions as staff didn’t understand how he works.”

- “Punished for responding as expected to unmet needs.”
- “Behaviour policies do not take SEND into account.”

11. Family Stress, Trauma and Exhaustion – 9.3%

Parents describe the past year as extremely difficult, with significant emotional impact on the whole family.

Example quotes:

- “The trauma inflicted on our whole family by DCC.”
- “As a parent, sending your child to a place that makes them ill is traumatic.”
- “We’ve been on our own.”
- “Everything has been overwhelming.”

12. Loss or Withdrawal of Support (SALT, OT, Paediatrics, 1:1) – 8.3%

Children have had support withdrawn without explanation or replaced with inconsistent support.

Example quotes:

- “Speech and language therapist dismissed without notice.”
- “Dismissed from paediatrician without any communication.”
- “Support dropped despite ongoing need.”

Summary

Responses describe a year filled with significant struggle for many families. The most powerful and consistent themes relate to systemic failures in the EHCP process, school provision, mental health support, and local authority communication. Many children have missed large amounts of education, are stuck on waiting lists, or are in settings unable to meet their needs. Families repeatedly use words such as *battle*, *traumatic*, *disgusting*, *shambles*, *ignored*, and *alone*.

The dataset shows that:

- delays, refusals, and unlawful practices in the EHCP process have widespread impact
- school placements are often unsuitable or unsupported
- mental health support is almost non-existent or inaccessible
- local authority communication is a major point of distress
- lack of support leads directly to missed education and emotional harm
- families are exhausted, traumatised and picking up responsibility the system has dropped

These themes are consistent across the full SEND survey and align clearly with wider challenges families have described in Derbyshire.

Q44: How could SEND services be better for your child/young person in the future?

Answered: 105

Skipped: 135

Main Themes and Findings

1. Better Communication, Transparency and Responsiveness – 61.9%

The single strongest theme is the need for clear, timely, compassionate communication from SEND services.

Families describe needing:

- replies to emails
- a named point of contact
- clear explanations
- regular updates
- transparency in decisions
- information about available support and rights
- signposting to activities, therapies and pathways

Example quotes:

- “Clear, transparent, compassionate communication.”
- “Reply to emails would be a start.”
- “I have no idea where to look for SEND clubs or activities.”

- “More engagement, better knowledge of cases.”
- “Better communication and signposting, not just a diagnosis and then you’re left.”
- “Direct communication to home.”

2. Shorter Waiting Times for Assessment, Support and Therapies – 55.2%

Families repeatedly mention that waiting lists are too long, unacceptable, and harmful to children’s mental health, education and futures.

They want:

- faster ASD/ADHD assessments
- quicker EHCP processes
- more timely therapy (OT, SALT, mental health)
- reduced bureaucracy that slows everything down

Example quotes:

- “Cut the wait times – families are in crisis.”
- “Speed up diagnostic queues.”
- “Provide therapies when they need it, not 3 years later.”
- “Quicker, less red tape.”

3. Listen to Parents and Children – 44.8%

A major theme is families wanting to be heard, believed and respected.

Parents describe the current system as adversarial, dismissive or distrustful of their expertise.

Example quotes:

- “Listen to parents, listen to schools, listen to children.”
- “We want to be heard – not ignored.”
- “Parents are free sources of information; involve us.”
- “Why argue about things that cost nothing when school are happy to do them?”

4. Fixing the EHCP System: Legal Compliance & Less Fighting – 43.8%

Families describe the EHCP process as overwhelming, adversarial, traumatising and unlawful.

They want:

- lawful timelines
- reduced need for tribunal
- clear, accessible EHCP writing
- removal of unnecessary bureaucracy (e.g., EHC Hub issues)
- accountability within DCC SEND

Example quotes:

- “Assess when SEND suspected without having to appeal.”
- “Stop fighting everything to tribunal.”
- “Meet legal deadlines. Meet tribunal deadlines.”
- “EHCP process should be fit for purpose.”
- “A complete overhaul of the LA SEND team.”

5. More SEND School Places and Alternative Provision – 38.1%

Many children do not fit neatly into mainstream or specialist settings. Families want more flexible, appropriate schooling options.

Example quotes:

- “Create more SEND school placements across the county.”
- “There need to be more options in the middle.”
- “More alternative provisions.”
- “Better support in mainstream with flexibility for exams and curriculum.”

6. Improved Support in Mainstream Schools – 35.2%

Families want:

- more training for school staff
- trauma informed and neurodiversity informed practice
- better SEND awareness

Derbyshire Parent Carer Voice

- adjusted behaviour policies
- support for transitions
- smaller class sizes / more 1:1 support
- help for children who mask

Example quotes:

- “Teachers need proper SEND training in all schools.”
- “Better understanding of ADHD in mainstream settings.”
- “A middle ground for children not severe enough for special school but not coping in mainstream.”
- “Support around transition.”

7. Joined Up Working Between Services – 32.4%

Families describe being caught between:

- health
- social care
- education
- transport
- mental health teams
- post-16 providers

They want integrated, consistent, joined up care.

Example quotes:

- “We’re stuck between services that don’t talk to each other.”
- “A joined up system with shared information.”
- “One portal for parents, school and health to communicate.”

8. Greater Funding & More Staff – 30.5%

Parents link delays and poor experiences to:

- understaffing

Derbyshire Parent Carer Voice

- overstretched teams
- lack of specialist roles
- tight budgets in mainstream schools

Example quotes:

- “More funding, more training, more specialist placements.”
- “SEND services are too under resourced to function.”
- “More staff in schools for 1:1 support.”

9. Better Mental Health Support (especially for neurodivergent CYP) – 27.6%

Families highlight huge gaps in mental health provision for autistic and ADHD children.

Particular needs:

- early emotional support
- trauma-informed approaches
- specialist autism appropriate interventions
- not waiting until crisis

Example quotes:

- “Mental health service is ridiculous for ND children.”
- “More CAMHS resources.”
- “Help with anxiety, emotional dysregulation.”
- “Support long before crisis.”

10. Better Local Activities, Social Opportunities & Community Support – 20.0%

Families want inclusive activities, clubs and social spaces.

They also want clearer information on what exists.

Example quotes:

- “Send information out on local activities/clubs.”

- “My son needs social opportunities to help with his anxiety.”
- “Holiday clubs need to be inclusive.”

11. A Clear Point of Contact / Key Worker – 18.1%

Many families want a single person to help navigate the system.

Example quotes:

- “A point of contact who actually advises.”
- “EOTAS officers who stay in place.”
- “Someone who knows the case and responds.”

12. Greater Accessibility and Flexibility – 15.2%

Parents want services that are easy to access and tailored to individual need.

Example quotes:

- “Easier to access services.”
- “Adjust behaviour expectations; stop rigid policies.”
- “Adaptive uniforms for sensory needs.”

Summary

Families are asking for a SEND system that is faster, clearer, kinder, better resourced and truly centred around the needs of children and young people.

Across the dataset, families emphasise:

What needs to change most:

- Long waiting times
- Poor communication
- Inaccessible or adversarial EHCP processes
- Lack of suitable placements
- Insufficient SEND awareness in schools
- Lack of mental health support

Derbyshire Parent Carer Voice

- Underfunding and staff shortages
- No clear pathways for children who don't fit neat categories

What families want:

A SEND system that:

- listens
- respects parents
- follows the law
- works collaboratively
- communicates clearly
- acts early
- removes barriers
- upholds rights
- considers both academic and emotional needs
- is properly funded
- provides accessible pathways and social opportunities

The themes are consistent, strong, and echo the experiences captured across your wider survey data:

Families want a system that is joined up, responsive, well-trained, compassionate and genuinely inclusive.

Q45: What is your overall opinion of Derbyshire's Area SEND services? By SEND Area services, we mean all services including educational settings, health care providers, social care, local charities and community groups.

Answered: 158

Skipped: 83

- Very satisfied: 6.33% (10)
- Satisfied: 8.86% (14)
- Neither satisfied nor dissatisfied: 31.01% (49)
- Dissatisfied: 18.99% (30)
- Very dissatisfied: 34.81% (55)

Q46: Generally speaking, do you feel physically and mentally fit and healthy enough to look after your child/young person with SEND as well as you would like?

Answered: 159 Skipped: 82

- Perfectly fit and healthy: 24.53% (39)
- Very fit and healthy: 11.32% (18)
- Reasonably fit and healthy: 38.99% (62)
- Not very fit and healthy: 13.21% (21)
- Not at all fit and healthy: 11.95% (19)

Q47: Generally speaking, do you have enough time to look after your child/young person with SEND, look after any other children and family members, and look after yourself?

Answered: 157 Skipped: 84

- Plenty of time: 22.29% (35)
- Usually enough time: 22.93% (36)
- Sometimes: 17.83% (28)
- Frequently not enough time: 16.56% (26)
- Never enough time: 20.38% (32)

Q48: Is there any training that would help you support your child/young person with SEND better? Please tick anything you would be interested in.

Answered: 104 Skipped: 137

- Supporting your child's emotional wellbeing/mental health: 85.58% (89)
- Managing challenging behaviour: 58.65% (61)
- Teaching your child/young person life skills: 53.85% (56)
- Helping your child/young person with demand avoidance/PDA: 40.38% (42)
- Helping your child/young person with sensory issues: 56.73% (59)
- Helping your child/young person be safe in traffic: 38.46% (40)
- Supporting communication/speech and language development: (29.81% (31)
- Understanding your child's/young person's disability: 29.81% (31)
- Teaching your child/young person about puberty/sex and relationships: 27.88% (29)
- Helping your child/young person with eating/feeding issues: 18.27% (19)
- Helping your child/young person with toilet training: 12.50% (13)

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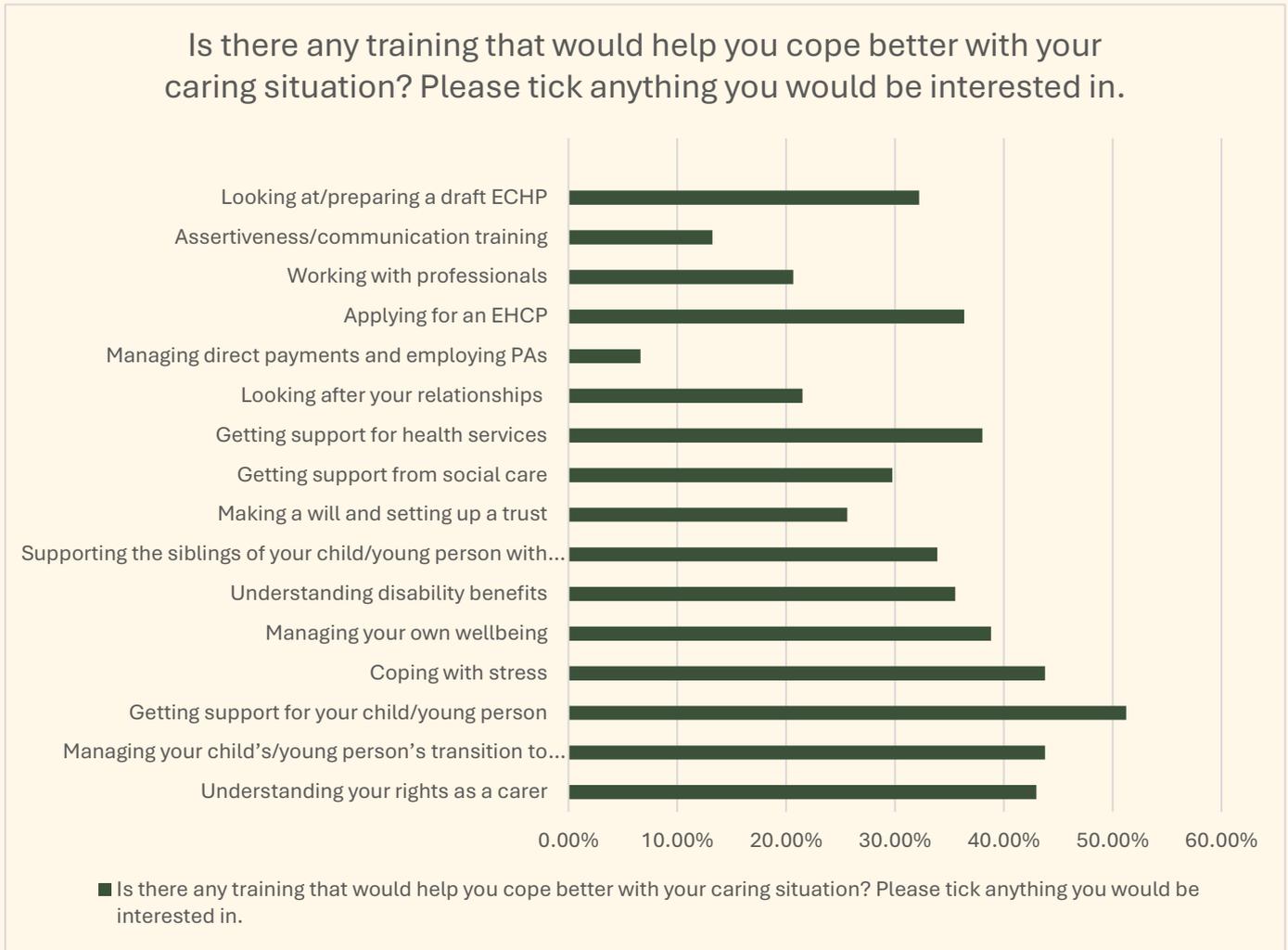
- Making your home safe for your child/young person: 13.46% (14)
- Lifting and handling: 6.73% (7)

Q49: Is there any training that would help you cope better with your caring situation? Please tick anything you would be interested in.

Answered: 121

Skipped: 120

- Understanding your rights as a carer: 42.98% (52)
- Managing your child's/young person's transition to adulthood: 43.80% (53)
- Getting support for your child/young person: 51.24% (62)
- Coping with stress: 43.80% (53)
- Managing your own wellbeing: 38.84% (47)
- Understanding disability benefits: 35.54% (43)
- Supporting the siblings of your child/young person with SEND: 33.88% (41)
- Making a will and setting up a trust: 25.62% (31)
- Getting support from social care: 29.75% (36)
- Getting support from health services: 38.02% (46)
- Looking after your relationships (e.g. with partner, other children): 21.49% (26)
- Managing direct payments and employing PAs: 6.61% (8)
- Applying for an EHCP: 36.36% (44)
- Working with professionals: 20.66% (25)
- Assertiveness/communication training: 13.22% (16)
- Looking at/preparing a draft ECHP: 32.23% (39)



Q50: If you have taken part in a specialist parenting course in the past four years, please tell us what course it was, who provided it and how useful it was

Answered: 31

Skipped: 210

Main Themes and Findings

1. Useful/Positive Courses (PDA, Solihull, Sensory, Trauma informed, Children First) – 38.7%

Several parents report that specialist courses were genuinely helpful, practical, and confidence building—especially PDA Society, Solihull, sensory processing, trauma informed content, and Children First.

Example quotes:

- “All courses/training sessions provided by Derbyshire Parent Carer group have been great. In particular, the one provided by PDA Society was excellent.”
- “Children First did a very good course for parents of children with ASD/ADHD.”
- “Solihull (provided by Stockport). Useful.”
- “Sensory processing for parents and carers (online)... there were things on there I hadn’t considered before, and lots of practical tips.”
- “I’ve done lots. I’ve found the trauma informed type most effective and helpful...”

2. Mixed or Limited Usefulness (Too Generic, Not Tailored, ‘Doesn’t Plug the Gap’) – 29.0%

A notable group found courses too generic or insufficient without service follow up. Some said course tone blamed parents or left them feeling worse.

Example quotes:

- “Attended a course at my child’s previous school from Compass... didn’t find it remotely helpful at all.”
- “We did the Build Sound Minds... Solihull... Useful for a while but... should be followed up with Early Help to implement training.”
- “Several but they don’t plug the gap in services that children are entitled to.”
- “Council children’s service provided NVR? Didn’t have much impact and placed the parents’ reaction at the heart of everything... deflating with feelings of guilt.”

3. Not Offered / Not Aware / None Taken – 25.8%

A sizeable minority report no offer, no information, or no course taken.

Example quotes:

- “Never been offered this or had any information regarding this.”
- “None.”
- “N/A – I have awareness of strategies... due to my role.”

4. Need for Follow Up, Practical Implementation & Early Help – 19.4%

Parents want ongoing support after courses—someone to help apply strategies, earlier access to Early Help, and content that recognises parent neurodivergence.

Example quotes:

- “To be better, just more of it. Follow it up with Early Help to implement training... earlier.”
- “...more looking at the parents’ neurodivergent needs and how to change the mindset... if the parent has possible ASD too.”

5. Parent Carer & Voluntary Sector as Key Providers – 16.1%

Parent led or voluntary organisations feature strongly as helpful delivery partners (DPCV/Derbyshire Parent Carer, PDA Society, Portage, IPSEA, Derbyshire Voices, Contact, EP/ND hubs).

Example quotes:

- “All courses... by Derbyshire Parent Carer group have been great.”
- “Multiple through DPCV, Contact, EP/ND community hubs, IPSEA.”
- “Understanding sensory needs – Portage team training... quick helpful starter...”
- “Derbyshire Voices... school avoidance, anxiety, behaviour, self-soothing. Been on a few.”

6. Private/Paid Courses Felt More Relevant and Respectful – 16.1%

Some parents say privately funded training was more accessible, more relevant, and less invalidating.

Example quotes:

- “The ones I have paid privately for have been the most helpful, more accessible and more relevant because they haven’t gas lit parents!”
- “Private autism assessment paid for by myself...” (context across responses)

7. Topic Coverage Parents Reported Using – 12.9%

Derbyshire Parent Carer Voice

Common content areas included: PDA, Solihull, sensory processing, sleep, therapeutic parenting, positive parenting, ADHD, NVR, ACES, restraint, Level 2 autism, Derbyshire autism training, Compass mental health.

Example mentions:

- “PDA training, sleep training and looking after you too training.”
- “Restraint training, ACES, Solihull.”
- “Level 2 autism course.”
- “Derbyshire County Council autism training to understand it.”
- “ADHD training provided by the local neuro hub.”

Summary

Overall, families describe real value in PDA, Solihull, sensory processing, and trauma informed courses—especially when delivered by parent carer organisations or specialist voluntary groups. However, many say courses can feel generic, sometimes invalidating, and—crucially—insufficient without follow up. A notable proportion report no offer or no awareness of specialist parenting programmes or informed courses—especially when delivered by parent carer organisations or specialist voluntary groups. However, many say courses can feel generic, sometimes invalidating, and—crucially—insufficient without follow up. A notable proportion report no offer or no awareness of specialist parenting programmes.

The strongest messages are:

- Good training exists and helps, but it needs practical follow through (Early Help, coached implementation).
- Parent/ND aware design matters—acknowledging neurodivergent parents’ needs and avoiding blame/gaslighting.
- Parent carer forums and VCS providers are key strengths in the local landscape.
- Access remains uneven; some families get nothing unless they pay privately.

Q52: Are you a member of Derbyshire Parent Carer Voice?

Answered: 158

Skipped: 83

Derbyshire Parent Carer Voice

- Yes: 15.82% (35)
- No: 71.52% (113)
- No, but I would like to join: 5.06% (8)
- Don't know: 7.59% (12)

Q53: As part of our government grant, we (DPCV) are asked about the ethnicity, diversity, and inclusion of the families we connect with. Please complete the optional information below so that we can demonstrate that we are talking to all groups in our county. Please tick all that apply.

Answered: 158

Skipped: 83

- White British: 92.41% (146)
- White Irish: 0.63% (1)
- White Traveller: 0.00% (0)
- Gypsy/Roma: 0.00% (0)
- Other White background: 2.53% (4)
- Asian or Asian British Bangladeshi: 0.00% (0)
- Asian or Asian British Indian: 0.63% (1)
- Asian or Asian British Pakistani: 0.00% (0)
- Asian Other: 0.00% (0)
- Mixed White Asian: 0.00% (0)
- Mixed White and Black African: 0.63% (1)
- Mixed White and Black Caribbean: 1.27% (2)
- Mixed Other: 0.63% (1)
- Black or Black British African: 0.00% (0)
- Black or Black British Caribbean: 0.63% (1)
- Black Other: 0.00% (0)
- Chinese: 0.00% (0)
- Parent carer who is Gay, Lesbian, Bisexual, Transgender, Questioning and other (LGBTQ+): 1.90% (3)
- Families experiencing domestic abuse: 0.63% (1)
- Families with unsettled ways of life, e.g. former asylum/recent refugee status, families experiencing alcohol or substance abuse: 0.63% (1)
- Very low-income families or families whose income drops suddenly due to a change in circumstances, self-employed: 6.33% (10)
- Male Carers: 0.63% (1)
- Families of home-educated children or young people: 1.27% (2)

- Families with disabled adult parent carer and particularly all those with learning disabilities or mental health issues: 7.59% (12)
- Grandparents, kinship carers, foster carers: 2.53% (4)
- Adoptive parent carers: 1.27% (2)
- Single parents: 10.76% (17)
- Prefer not to say: 3.16% (5)

SEND System Glossary (Derbyshire)

CAMHS – Child and Adolescent Mental Health Services – NHS services that support children and young people with emotional, behavioural, and mental health needs.

ASD/ADHD Assessment – A formal assessment carried out by health professionals to identify **Autism Spectrum Disorder (ASD)** and/or **Attention Deficit Hyperactivity Disorder (ADHD)**.

OT – Occupational Therapy – a service that helps children and young people develop everyday skills such as dressing, feeding, handwriting, sensory regulation, and independence.

SALT / SLT – Speech and Language Therapy – support for communication, understanding language, speech sound difficulties, social communication, and sometimes feeding needs.

CWD – Children with Disabilities Team – a specialist social care team supporting children with significant disabilities and their families.

CSC – Children’s Social Care – services that support children, young people, and families when additional help or safeguarding support is required.

EHCP – Education, Health and Care Plan – a legal document for children and young people whose special educational needs require additional support beyond what a school can normally provide.

SENCO – Special Educational Needs Coordinator – the teacher in a school responsible for coordinating support for learners with SEND.

SEND – Special Educational Needs and Disabilities – a term covering learning needs, physical disabilities, developmental differences, and long-term health conditions.

Derbyshire Parent Carer Voice

DPCV - Derbyshire Parent Carer Voice – the official Parent Carer Forum for Derbyshire, working with families and services to improve the SEND system.

IPSEA - Independent Provider of Special Education Advice – a national charity offering free, legally-based advice on SEND law, EHCPs, exclusions, and appeals.

DCC - Derbyshire County Council – the local authority responsible for SEND services, education, social care, and transport in Derbyshire.

SGO - Special Guardianship Order – a legal order that gives someone parental responsibility for a child who cannot live with their birth parents.